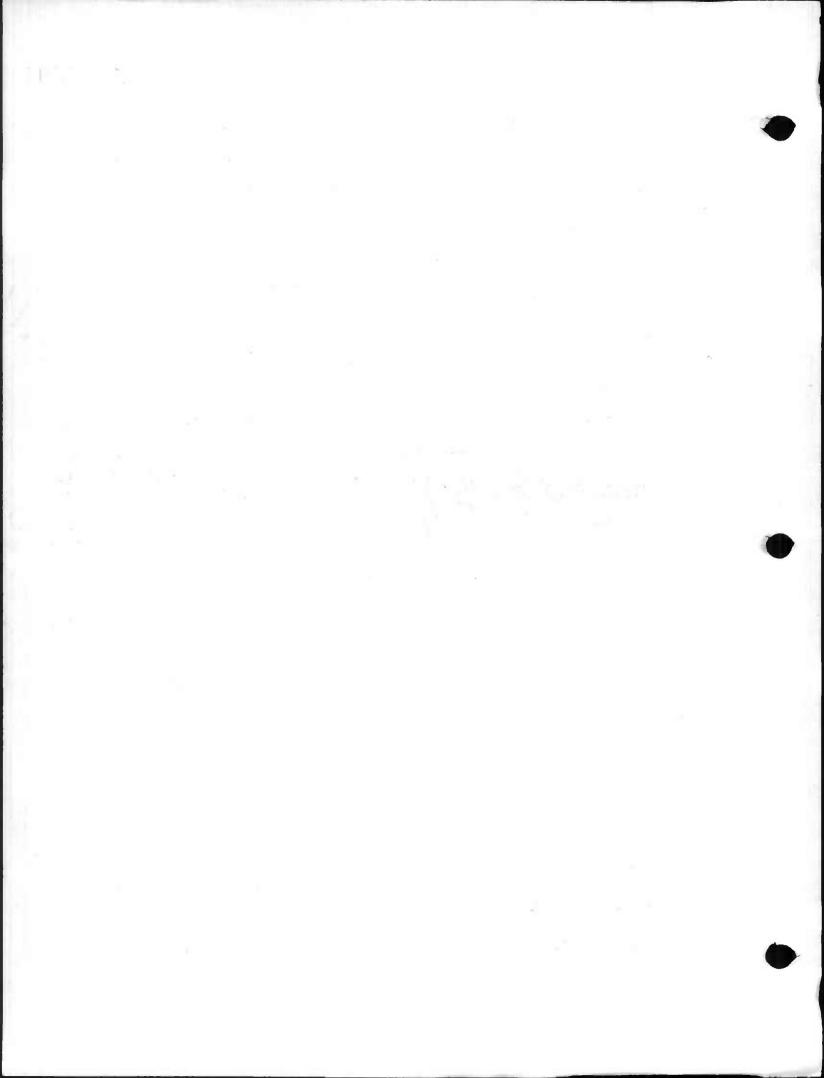
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req.	Deen	1. 01	15
34	Jas	Depl	23
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE	95
CERTIFICATE OF DEATH	REG. NO.	-
	2 DATE OF DEATH	

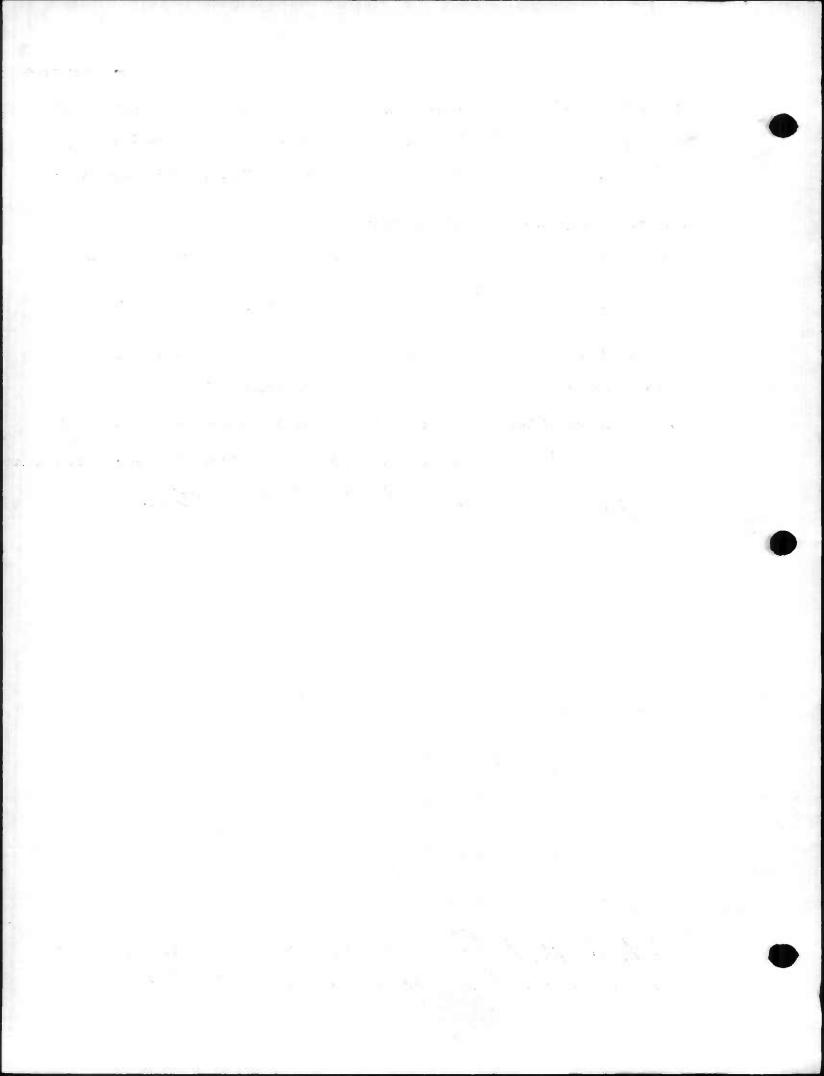
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.		05501	
	1. DECEDENT'S NAME (First, Middle, Last)	CATHERIN	E VIOLA	HARBAUGI	H	2. DATE OF DEATH MONTH PA	1996	3. TIME OF DEATH 3:45 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (//	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	BIRTHPLACE (State or Foreign country)	
	220-03-4023  99. FACILITY NAME (If not institution, give stre	1 M 2 X F 81 YRS. Oct. 18						aryland	
DIRECTOR	Meridian Nursing	erick							
딥	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY	
	Maryland Fred	erick	Thu	ırmont				1 X YES 2 NO	
3AL	10e. STREET AND NUMBER			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ZIP CODE			OF WNAT COUNTRY?	
FUNERAL	10 Lombard Street	12. WAS DECEDENT EVER IN	110 40000		21788			.S.A.	
	1 Never Merried 2 Merried	FORCES? 1 YES	2X NO	If yes, spe		IIC ORIGIN? (Specify Yee n, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc.	
BY	3 Widowed 4 Divorced	IF TES, GIVE MAIN ON DA	1165	1 1 123	ZA NO Specify	,:	'	White	
围	15, DECEDENT'S EDUCA (Specify only highest grade or	(TION ompleted)	(Give kind of v	USUAL OCCUPATION		186. KIND OF BUS	INESS/INDUSTR	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	retary		Moore	Rucina	ss Forms	
OM	17. FATHER'S NAME (First, Middle, Last)		DEC	letary	18. MOTHER'S NA	ME (First, Middle, Meiden		35 FOLIES	
BE C	Harry Luther Harb	augh			Mary F	avorite	,		
10 B	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural F	Route Number, City or Town	n, State, Zip Code	(e)	
۴	Donald Buhrman		3329 1	Uniontow	n Road,	Westminste			
	20e. METHOD OF OISPOSITION  1 X Burlel 2 Cremation 3 Remov  4 Donetion 5 Other (Specify)		PLACE AND DATE OF PLACE AND DA	OF DISPOSITION (Na ther place)	me of		CATION — City of		
	21. SIGNATURE OF FUNERAL SERVICE LICE		1 ler Ger	22. NAME AN	ID ADDRESS OF FA				
	Y Deheit	V Stalle	est					HOMES, P.A. RYLAND 21788	
	23. PART I. Enter the diseases, or co shock, or heart failure.	mplications that Wased	the death. Do r	ot enter the mo	de of dying, suc	h as cardiac or respi	ratory arrest,	Approximate Interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Persto	utis					Onset and Death	
		GALLAGT.	CONSEQUENCE OF	us FIST	7.14			2 years	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):	ma			272005	
8	cause, Enter UNDERLYING CAUSE (Disease or Injury								
F	that initiated evente resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					
	d.								
¥.	PART II. Other algnificant conditions	contributing to deeth be	ut not reaulting	in the underlying	g cause given in	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
ğ						1 🗆 YES 2	NO	OF DEATH?	
Σ	DID TOBACCO USE CONTRI	BLITE TO CALISE O	E DEATH YE	S D NO Z	UNCERTAIL			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEA		OTTERIAL	14			
SIC		HOSPITAL: t   Inpatient 2   ER/Outpi	etient 3 DOA	OTHER: Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH  Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. DESCRIBE HOW II	NJURY OCCURE	ED .	
B	2 Accident Investigation	00 - 01 405 05 11 11 11			rES 2 NO				
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At nome, term,	street, tectory, ome	•	28t, LOCATION (Street e City or Town, Stete)		ural Route Number,	
COMPLET		IAN: To the best of my knowl	edge, death occum	ed at the time, date	end place, end due	to the cause(s) and mar	nner ee atated.		
Š.	one) 2 MEDICAL EXAMINER	On the beels of exemination	end/or investigation	on, in my opinion, d	eath occured at the	time, date end place, en	d due to the ce	euse(e) end menner ee steted.	
H	290. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  P 26 56 P 76 8 P96								
2	30. NAME AND ADDRESS OF PERSON WHO Allen J. Gilson,	MD 1475 Tan	ath (ITEM 27) (Type ey Avenu	e, Frede	rick, Ma	aryland 217	701		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE						
	FEB 0 9 1996	Julia d'avel	sor Rendal	4					



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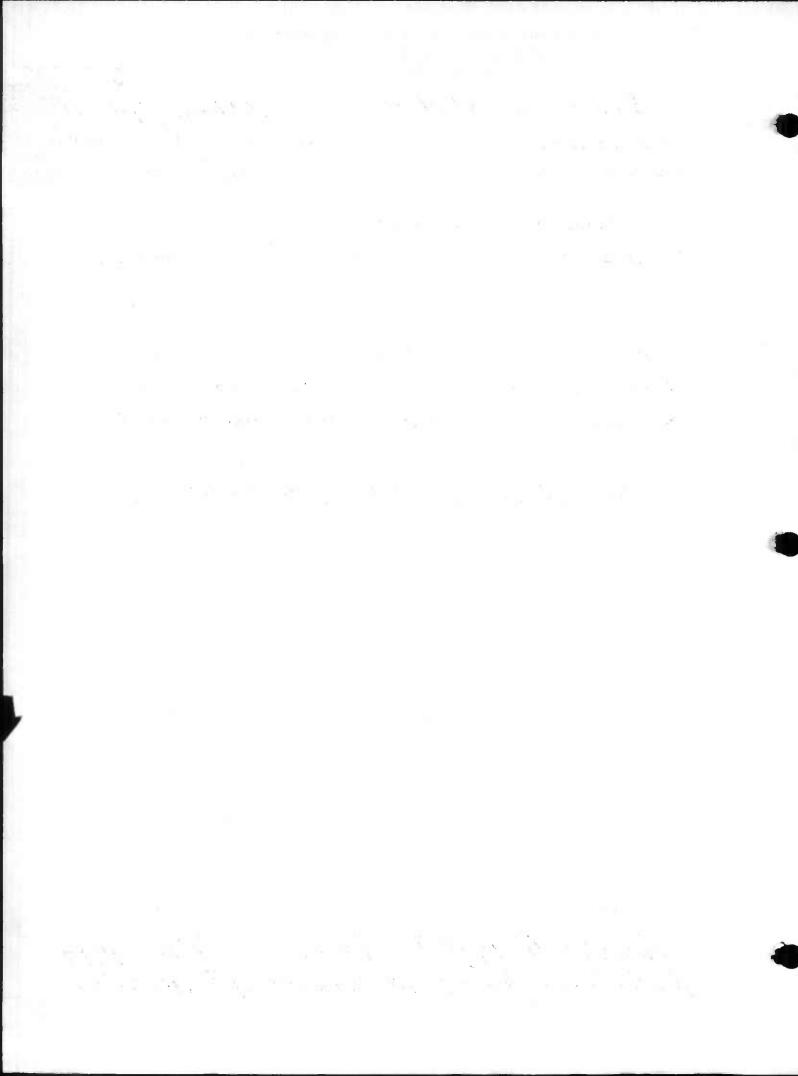
		State of Maryland / Department of Health and Mental Hygiene	
_		Certificate of Death Reg. No. 95	5502
Physic	ian	1. Decedant's Nama (First, Middla, Last)  2. Data of Death Month Day Year	ima of Death
/Med		Tebricay 6 1776 0	125 W
Exami	ner	Montgonery General Hospital Olney Montgone	
Funera			1
Director		5. Social Security Number  044-14-1358  1 M 2 F 83  7. Aga (In yrs. last birthday)  Nonths Days Hours Min. Days Hours Min. Mar. 14, 1908  8. Data of Birth (Month, Day, Year)  Country)  Connect	Stata or Foraign
p		Usual Rasidanca of Decedant	
show	<u></u>		sida City Limits
Ne M	Director	Maryland Montgomery Silver Spring	Yas 2 No
A Se	급	10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country?	
eath 23	eral	3227 Bel Pre Road  20906  United States  11. Marital Status  12. Was Dacadant Evar in U.S.  13. Was Decedant of Hispanic Origin? (Specify Yes or No-	line
be filed within 72 hours efter death with the Manyland lel Hyglene. d other than "natural", or frems 23s or 28s-f show event, its Medical Everynes man be notified as	by Funeral	If Yas, Giva 1 □ Yas 2 ▼ No Specify: Specify:	ien,
72 hours ef	B	3 Widowad WXDivorced Yaar or Datas:  Black  15. Decedant's Education 16a. Decedant's Usual Occupation 16b. Kind of Businass/Industry	
be filed within 72 ho titel Hygiene. d other than "natur event, the Medical	Completed	(Spacify only highest grade completed)  [Giva kind of work done during most of working life. DO NOT use retired)  [Giva kind of work done during most of working life. DO NOT use retired)	
e filed within 72 hours ef illed within 72 hours ef il Hygiene. other then "netural", or vent, the Medical Event	E	Elamantary/Secondary (0-12)   Collaga (1-4or 5+)   Not Available   State Governm	ent
a the	Be		
d 2 should be filed within and Mentel thygiene. 7 is marked other than traumatic event, the Mentel than	To E	Randolph Taylor Gertrude Poole	
2 sho and is m		19a. informant's Name/Ralationship (Type, Print)  19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code)	)
s 1 and 2 should f Heelth and Men fem 27 is marke other traumatic		Lois G. Taylor, sister 15101 Interlachen Dr., Silver Spring, Md. 20	
		20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, cramatory or other place)  20c. Location - City or Town, St	
tmen tant: jury		4 Donation 5 Other (Specify) St. Mary's Cemetery 2/13/96 New London, Co	nnecti
pemit. Peges 1 and Department of Health Important: If Item 27 any Injury or other to once.		21. Signature of Eynarai Sarvice Licensaa  22. Nama and Addrass of Facility  McGuire Funeral Service, Inc.  7400 Georgia Ave. N.W., Washington, D.C.	
		23a. Part i. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest,  Approx	oximata val Batween
Physician /Medical		Onsa	t and Death
Examiner		disassa or condition rasulting in death)  a. Hypoulemic Shock  Dua to (or as a consequence of):	we.
D #	ē	Bubclavian ARTERY Lacenation	
death certificate be executed e ettending physicien and of for use as the bunel-transit	Examiner	Sequantially list conditions,  Due to (or as a consequence of):	
ificete be exe g physicien a es the buriel-			
sete t	dical	Trasulting in death) Last  Dua to (or as a consequence of):	
ding p	Me		
eeth certific ettending p I for use es	Physician/Me		
that the de ed by the e deteched i	ysl	Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part f.	
that bed b	by Pt	Abdomenal Wall Abscess.	4 Unknow
ne lew requires that thas been signed b	Completed b		opsy findings prior to on of cause
The law ate has b page 2 s	d L	of death?	
F			2 No
	To Be		
aling Ph After th funeral		Tightherit 2012 (Openini 30 00) 40 North 30 Hasidance 8 Dottar (Specify)	
To the Hospital or Attending within 24 hours after deeth.  To the Funeral Director: After completely filled in by the fune	Certification:	2 Accident Invastigation 3 Sulcida 6 Could not be datarmined 4 Homicida Could not be building, atc. (Specify)  281. Location (Street and Number or Rural Route City or Town, Stata)	a Number,
ospital of hours of uneral D			
Hos 24 hc Fun stely	edical	29a. Cartifiar (Check only one)  29a Cartifiar (Check only one)  39a Cartifiar (Check o	iuse(s)
Nithin of the complex	Mec		
⊢≉⊨ŏ		DI J M. 1 K)	991
		Wither of Me loss D24190 February 6, 1 30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print)	(16
Y		30. Nama and addrass of person who complated cause of daath (Itam 23a) (Type, Print)  PRI HUK F. Woodward JR 3416 O Landwood CT O Iney red 208	132
Sta		31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura	
Regist		Anna and the second sec	

DHMH 16 Rev 6/95



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					,		ificate of		d Mental Hy	Reg. N		96	05503
	Physici	an	1. Decedent's Nama (First, Middle, Last,		Jeni	le use			2 Dete of D Month,	D	ey ,	Year	3. Time of Deeth
1	/Medic	cal	4e. Fecility Neme (If not institution, give		Jeni	UNS		4h City Tourn	or Location of Dea	1.1	10/	176	61
7	Examir	er	Great Oaks Cente	Section 100 Persons				Silver		40	c. <b>%</b> ounty Princ		rqe's
	Funeral		5. Social Security Number 6. Sec	x 7. Aga	a (In yrs. last b		If Under 1 Yaar	If Undar 24				9 Birthole	aca (Stata or Foraign
	Director		218-90-7647 <b>X</b>	<b>X</b> M 2□ F	34	Yrs.	Months Deys	Hours	Hrs. 8. Data of B Min. (Month, D Jan. 1	2, Yea	1962	North	Carolina
	pu k		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City, To	un or I oce	tion					10	d Incide Otto Name
	Aanyla Fehor	or										10	d. Inside City Limits  1 Yes 2 No
	r 28a-f ehow	Directo	Maryland Montgome: 10e. Street end Number	су	Silve	r. 9h	10f. Zip Coda			10n. C	itizen of W	hat Count	
	th with 23a or		3100 Gracefield Ro	oad			20904			_	nited		
	Herns 2	Funeral		12. Wes Decedent if Armed Forcas?	Ever in U,S.	13. Wa		Hispenic Origin	? (Specify Yas or N uarto Rican, etc.)		14. Rece	- Americe	n Indian,
Maryland 21215-0020	a 9 5	by	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ N If Yes, Give Yaer or Dates:	No		Yes 2 No		uarto Hican, etc.)			k, Whita, a Black	
5-0	72 hours natural,	Completed	15. Decedent's Edu (Specify only highest grad	cetion e completed)	160	. Decedar (Giva kir	nt's Usuel Occu nd of work done NOT usa retire	petion during most of	working	16b.	Kind of Bu	sinass/Ind	ustry
121		mpl	Elemantary/Secondary (0-12)	Collega (1-4or 5	i+)		o NOT usa retin abled	ed)			None		
d 2	e filed with al Hyglene. other than vent, tre l	Co	N/A 17. Fether's Nema (First, Middle, Last)			DIS	anted	18. Mother's	Nema (First, Middle			a)	
lan	ould be Mental arked o	To Be	Robert Freddie	Jenkins				Paig				,	
ary	SPEE	_	19a. Informant's Neme/Reletionship (Ty	pe, Print)		_			r Rural Route Numi				Code)
×	and 2 saith a 127 is		Paige Hare		10	)113	Riggs R	oad, H	yattsvill	e,	MD 20	783	
Baltimore,	permit. Pages 1 and 2: Department of Health at Important: If Itam 27 is any Injury or other trau		20e. Method of Disposition 1     Buriel 2 □ Cremetion 3 □ R  □ Donetion 5 □ Other (Specify)		cemete	ery, creme	tion (Neme of tory or other pla to Church		2-14-96	Wir	nton,	,	
alti	mit. partm ports y inju		21. Signeture of Euneral Service License	Bay n	11130	22.1	Name and Addr	ess of Fecility		T-1401	rtn_t	aroli	па
0	89 = 89		Cleen X	· Kax	20	l da	pp Fune 3 Gist	ral Ser	vices, P.	A. Sori	na M	n 209	910
			23e. Pert1. Enter the diseesa, or <i>complishock</i> , or heart feilure. List only or	cetions thet ceused na ceusa on aach lir	the death. Do	not enter	tha mode of dy	ing, such es ce	rdiec or respiretory	errest,	191		Approximate Intarval Between
	Physician /Medicai			//			. /						Onset and Death
	Examiner		Immediete Causa (Finel diseese or condition resulting In deeth)	Days	ne de	1000	lev						
		Je.			Dua to (or as a	conseque	ence of):					İ	
	and and Hransit	Examine	Sequentielly list conditions.	)	Due to (or as a	conseque	ence of):						
00	be executional transfer of the contractor of the		Sequentielly list conditions, if any, leeding to immadiete ceuse. Enter Underlying Cause (Diseese or Injury										
68760,	cate be an physician the buria	odical	thet initiated events resulting in deeth) Lest	·	Due to (or es e	conseque	ence of):						
		-		J								i	
Box	들 중절	clan											
o.	t the de by the tached	Physician/M	Pert II. Other significant conditions con	tributing to death bu	ut not resulting	In the und	erlying ceuse g	ven in Pert I.					the cause of death?
۵,	signed t d be det	by P								Yes	2 No	3   Prop	ably 4 ☐ Unknown
Records,	r requires been sig should b								24a. Wa	s en eut	opsy	24b. Wa	ra autopsy findings
900	是 並の	plet							pen	Offiladi		con	plation of ceuse eath?
		Completed							1 🗆	Yes	2 No	1 🗆	Yes 2X No
Vital	dician: The certificate rector, par	Be	25. Was case referred to medical exampler?						Deeth (Check only	000)			
to	th the	10	1 Yes 2 No-	lospitel: 1 Inpatia			3LI DOM		ng Home 5 Pas				
5	After fune	tion	1 ■ Natural 5 □ Panding	28e. Deta of Injur (Month, Day	Year) 280.	Time of Injury	28c. Inju Wo	iryat ork? ]Yes 2 □ No	28d. Describe	now inj	ury occurre	<del>3</del> 0	
Division	Attendin desth. ctor: Att	fica	3 ☐ Suicide 6 ☐ Could not be	28a. Plece of Inju	ury - At home, f	arm. strea				(Streat	and Numbe	er or Rural	Route Number,
á	at or Att a shor d i Direct of in by	Certification:	4 ☐ Homicida datermined	building, etc	: (Specify)		,		City or To	wn, Sta	ite)		
	To the Hospital or Attent within 24 hours after deal To the Funeral Director: completely Illed in by the	edical (	29a. Certifier (Check only one) 1□ Certifying Phys	nician: To the bast oner: On the basis of end mennar sta	examinetion e	a, daeth o nd/or invas	ccurred et the t stigetion, In my	ime, date end p opinion, deeth o	elece, and dua to the occurred et the time	causa(	(s) and med nd place, a	nner as ste nd due to	eted. the cause(s)
	Within To th	×	29b. Signature and fittle of certifier	0	0 - 4	2	29c Licen	se nu <i>m</i> ber		28ch D	ate signed	(Month, E	ley, Year)
Ď.	,		Obugusto X	Loughy	(MI)		#21	230	6	lep	suery	1111	996
	5		30. Name and autress of persop who co	mplated cause of di	eeth (Item 23e)	(Type, Pr	int) O	( )	100	, (	nl	41	1
	_		Huacos P. Koa	1190027	MU,	500	9 Koy	Jumes	with I	N.	Mo a	20%	48
	Sta Registr	200	31. Date filed (Month, Day, Year) FEB 13		er's Signatura	0	1.		/ //				
	region		FEB 13	1996 Jul	in attitude	or have	tall						



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State of Maryland / Department of Health and Mental Hygiene

						Cert	ificate (	of Death		Reg. No. (	25	055	01.
	Physic	an	Decedent's Name (First, Middle, )	Last)					2. Dete of De Month	eth Day_	Year	3. Time of	Deeth
	/Medi		Sirarpi	·	Jamgoc	chian			Februa	ry Ïl, I	1996	1:59	PM
	Exami		4e. Fecility Name (If not institution, g	The Court of the C				4b. Clty, Town, or	Location of Deat	4c. County	of Deeth		
1		Ш	Montgomery Gen	eral Hospit	cal			Olney		Monto	gomer	`y	
	Funeral Director		5. Social Security Number 6 578-82-0220	Sex 7. Ag	ge (In yrs. le: 81	yrs.	If Under 1 Y Months Da	ear If Under 24 Hrs ays Hours Min.		th y, Year) , 1915	9. Births	place (State ontry) *KeV	r Foreign
	D		Usual Rasidance of Decedent						Jodin 1	, 1010	101	RCy	
	thow		10a. Stete 10b. County		10c. City,	Town or Loca	ation				1	10d. Inside Ci	
	e Ma	cto	Maryland Montgo	mery	Sil	ver Sp	ring					1 🗌 Yes	2 No
	E 22 E	Oire	10e. Street and Number				10f. Zip Coo	de		10g. Citizen of V	What Cour	ntry?	
	23e	la l	3764 Bel Pre Ro	ad, #8			209	006		Lebanor	7		
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland Heelth and Mentel Hyglene. tam 27 is marked other than "natural", or itema 23s or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status  1 Never Married XX Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces?  1  Yes 2  if Yes, Give Yeer or Dates:			as Decedent Yes, specify (	of Hispanic Origin? (S Cuban, Mexican, Puerl No <i>Specify:</i>	pecify Yes or No to Rican, etc.)	14. Rac Bled	ck, White,		
0	2 ho	pe	15. Decedant's			16e. Deceda	nt's Usuel Oc	cupation		18b. Kind of Bu			
218	hin 7	Completed	(Specify only highest g Elementery/Secondary (0-12)	rede completed) College (1-4or	54)	(Give ki life. DC	nd of work do O NOT use re	one during most of worldired)	rking				
21	d wit	EO.	6	College (1-40)	54)	Hom	emaker			0wn	Home	)	
bu	e flie	Be	17. Fether's Neme (First, Middle, La	st)				18. Mother's Ne	me (First, Middle	Maiden Sumen	19)		
Na	Ment Ment rked rice	70	Levon Latchi	nian				Guluza	ar (Una	vailable	∍)		
Maryland	2 should be filled withir and Mentel Hygiene. Is marked other than raumatic event, the Ma		19e. Informent's Neme/Reletionship			19b. Meiling	Addrass (St.	reet and Number or Ri	urai Route Numb	er, City or Town,	Stete, Zir.	Code)	
	1 and Heelth am 27 ther tr		Zevart Jamgoch:	ian		Same	as 10	)					
ore	0 0 -		20e. Method of Disposition 1   Burial 2 □ Cremetion 3	Removal from State	20b. Ple	ace of Disposi metery, crema	tion (Name o story or other	f piece)	Date	20c. Location -	City or To	own, Stete	
E	Peges ment of H ant: If its ury or of		4 Donetion 5 Other (Spec		Gate	of He	aven C	emetery	2-14-96	Silver	Sprin	ng, Maj	ryland
Baltimore,	permit. Peges 1 and Department of Heelth Important: if item 27 any Injury or other to once.		21. Signature of Funerel Service Lic	ensee	00	22. I Ra	Neme end Ad	dress of Facility neral Servi c Avenue,	ices, P.	A.	MD 20	2010	
-	_		23a. Pert1. Enter the disease, or co shock, or heart feilure. List on	mplications that cause	the deeth.						יוט בנ	Approximete	9
	Physician		Shock, of heart fellure. List on	y one ceuse on each ii	ne.						i	Interval Bets Onset end E	
	/Medical		Immediate Cause (Finel disease or condition		1	to Ma		IST To	1. to	3	1	71	
	Examiner		resulting in deeth)	θ	Dua to (or a	as e consequ	nca of):	hal For	agus.			Ma	w
-	D 35	Examiner			Carea	o th	200	Ven sum				1 ha	nean
	rificete be executed og physicien and as the burial-transit	am	Sequantially list conditions,	b	Due to (or a	as a conseque	ence of):	00.00 00.00				C	
0	e exe		Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Causa (Disease or Injury that initiated evants								į		
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-	E 0 0	Me									!		
Вох	attendin I for use	lan		d							1		
	the a	Physician/Medical	Pert II. Other significant conditions	contributing to death b	ut not result	ting In the und	erlying cause	given in Pert I.	23b. Did	tobacco use co	ntributa t	o the cause o	of death?
S, P.O.	es thet the de igned by the a be detached	by Phy	Conezestwe	Heart 1	Faile	ne			10	Yes 211 No	3 Pro	bebly 4	Unknown
Records,	aw requires to been s	Completed b							24a. Was	en eutopsy rmed?	co	ere autopsy fivallable prior to empletion of co death?	0
=		50							1 🗆	Yes 200	10	☐ Yes 2☐	No
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of Vital	Physician: this certific ral director,	2	1 ☑ Yes 2 ☐ No	Hospitel: 1 Dinpatie	ent 2 El	R/Outpatient	3□ DOA	Other: 4 Nursing H	lome 5 ☐ Resi	dence 8 🗆 Oth	er (Specif	(y)	
U	ding P. h. After ti	00	27. Manner of Death  1 ☑ Neturel 5 ☑ Pending	28a. Data of Inju (Month, Da	ry y Year) 2	28b. Tima of Injury	28c. i	njury et Work?	28d. Describe	how injury occur	red		
Sio	Attending r deeth. ector: Affei by the fune	cati	2 ☐ Accident Investigati				М	1 ☐ Yes 2 ☐ No					
Division	or Attend after deeth Director:	Certification:	3 ☐ Suicide 6 ☐ Could not determine	28e. Place of Inj building, et		ne, farm, stree	t, fectory, off	ice	28f. Location ( City or To	Street and Numb vn, Stete)	er or Rura	al Route Numi	ber,
	rai D												
	To the Hospital or Attent within 24 hours after deet To the Funeral Director: completely filled in by the	edical	29e. Cartifiar 1 ☐ Certifying F (Check only one) 2 ☐ Medical Ext	hysician: To the best of miner: On the bests of end manner sto	examinatio	edge, deeth o on end/or inve	ccurred at the stigetion, in n	e time, dete end place ny opini <i>on</i> , deeth occu	, and due to the rred at tha tima,	ceuse(s) end me date and plece,	enner es s and dua te	tated. o tha cause(s	)
	Vithin Fo the	Me	29b. Signature and title of certifier	2 4			29c. Lic	ense number		29d. Dete signed	d (Month,	Day, Year)	
	->-0		Dobat 1	/ 5 / w	10		7	7300					,
	1	}	30. Neme end eddress of person who	OINA		Sal /Tuna D				eprvary	11,	1996	
	ţ		15225 Shad		P.	Jaj (Type, Pr	RUDE	to le	M, D.	180			
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registro	er's Signetu	ire		~ 1 / - /	7	- 1)			
	Registr	-	FEB 13	1996 1/1:	Aprile	or Rad	11						

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State of Maryland / Department of Health and Mental Hygiene

					(	Cen	tificate of	Death	R	eg. No.	05	05505
ı	Dhusiai		1. Decedant's Nema (First, Middla, Las.	t)					2. Data of Deal		700	9. Tima of Death
	Physici Medie/		PAULINE B	EATRICE			JENKINS	5	Feb.	10	1996	3:08a
	Examir		4e. Facility Nama (If not institution, giva					4b. City, Town, or L	ocation of Death	4c. Cour	nty of Death	
			Memorial Hos	spital at B	Easto	on		Easton		Ta	lbot	
	Funeral Director		214-30-7203	7. Aga (In ya		rs.	Months Deys	if Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day) JUNE 18	Year)	9. Birthp Cour	lece (State or Foreign try)
	pud M		Usuai Rasidence of Decedant  10a. Stata 10b. County	100	City, Town	or Loc	ation					0d. insida Clty Limits
	88-f sho	Director	MD. TALBO		EAST		anor					Yas 2 No
	th with the		10e. Street and Number 314 HOPKINS PLA	CE			10f. Zip Coda 21601		1		of What Cour	
21215-0020	d within 72 hours after death with the Maryland jiene. I than "naturat", or items 23s or 28s-f show the Medical Examiner must be notified at	by Funeral	11. Maritei Stetus  1 Nevar Married 2 Married  3 Valvidowed 4 Divorcad	12. Was Decedant Ever in Armed Forcas? 1 ☐ Yas 2 ☑ No if Yas, Giva Yeer or Datas:	U,S.		as Decedent of F Yes, specify Cub. ☐ Yes 2 No	fispanic Origin? (Sp an, Maxican, Puerto Specify:	pecify Yes or No- Rican, atc.)	В	ace - Americ leck, White, city: BLA	atc.
5-0	72 ho netur fical	eted	15. Decedant's Edu (Specify only highast grad		16a. [	Deceda Give k	ant's Usuai Occup	etion during most of word	kina	16b. Kind of	Businass/Ind	dustry
121	within ene. than "	Completed	Eiementary/Secondary (0-12)	Collega (1-4or 5+)				during most of world)	Cirig			
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and	S a b S	Be	17. Fethar's Nama (First, Middle, Last)					18. Mothar's Nam				
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Maryland	12 P			NS/DAUGHTE				end Number or Ru				Code)
ē,	f Heelth frem 27 other tr		20a. Method of Disposition		Place of I	Dispos	ition (Nema of	1			n - City or To	wn. Stete
Baltimore,	음 는 는 등		Buriai 2 Cramation 3 F				etory or othar pla	1				,
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Ba	Depa Impo any l		MH h			W]	ILLIAMS	ON-FLUH				VICE, P.A.
			23a, Pert1. Entar the disease or compl	lications that caused the de	ath Dono	T 31	the mode of dvir	OVER ST	. EAST(	ON, MD	.2160	1 Approximata
	Physician /Medical Examiner		23a. Pert1. Entar the disease, or compishock, or haart fallura. List only of immediata Causa (Finei disaasa or condition rasulting in deeth)	A cute V	W,	0	coulí	int In	Jarrel	ier	 	Intarval Batwean Onset end Death
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Вох	ath ce	lan		d								
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- Re	0 - 0	Completed	Chronic L	ebres	cha.	^_			1 □ Y	as 20 No		death? ]Yas 2□ No
/ita	certificate	Be (	25. Was casa refarred to medical examinar?	0 0 31 . 3				26. Pieca of Daa	th (Check only on	a)		
5	Physician: r this certific and director,	ဥ	1 ☐ Yas 18 ☐ No			atienf	3□ DOA Ott	nar: 4 Nursing Ho	ome 5 Resida	nce 6 🗆 C	Other (Specifi	1)
ion	Attending P or death.	atlon:	27. Manner of Death  1  Naturai 5 □ Panding 2 □ Accidant invastigation	28a. Data of injury (Month, Day Year)	28b. Tir inj	me of ury	28c. injur Wor M 1 🗆	yat rk? Yes 2 □ No	28d. Dascribe ho	ow injury occ	urred	
Division	X = = =	Certification:	3 Suicida 4 Homicide  6 Could not be datarminad	28e. Place of injury - At building, etc. (Spec	home, fem	n, strea	at, factory, office		28f. Location (St City or Town		mber or Rure	I Route Number,
	To the Hospital of within 24 hours at To the Funeral D completely filled I	edical	29a. Cartifiar (Check only one) Certifying Physical Examt	sicfan: To tha best of my k ner: On tha basis of exami and mannar statad.	nowledga, onetion and/	daath d or Inve	occurred et tha tir estigation, in my o	me, date and place, pinion, death occur	and due to the cared et the time, do	ause(s) and ate and plac	manner as si e, and dua to	eted. the cause(s)
	Toth Withi Toth	×	29b. Signatura end fitia of certifia	1 MAS CI	red	a K	290 Licans	9024	2	2 1	ned (Month,	Day, Year)
			30. Name end eddrass of person who co				,					
	Sta	te	ROBERT McDONAI 31. Data flied (Month, Day, Year)	JD , M • D • 32. Ragistrar's Sig	<u> 30 I</u> nature	OV	ER ST.	EASTON	,MD.216	01		
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ICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	vis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifife

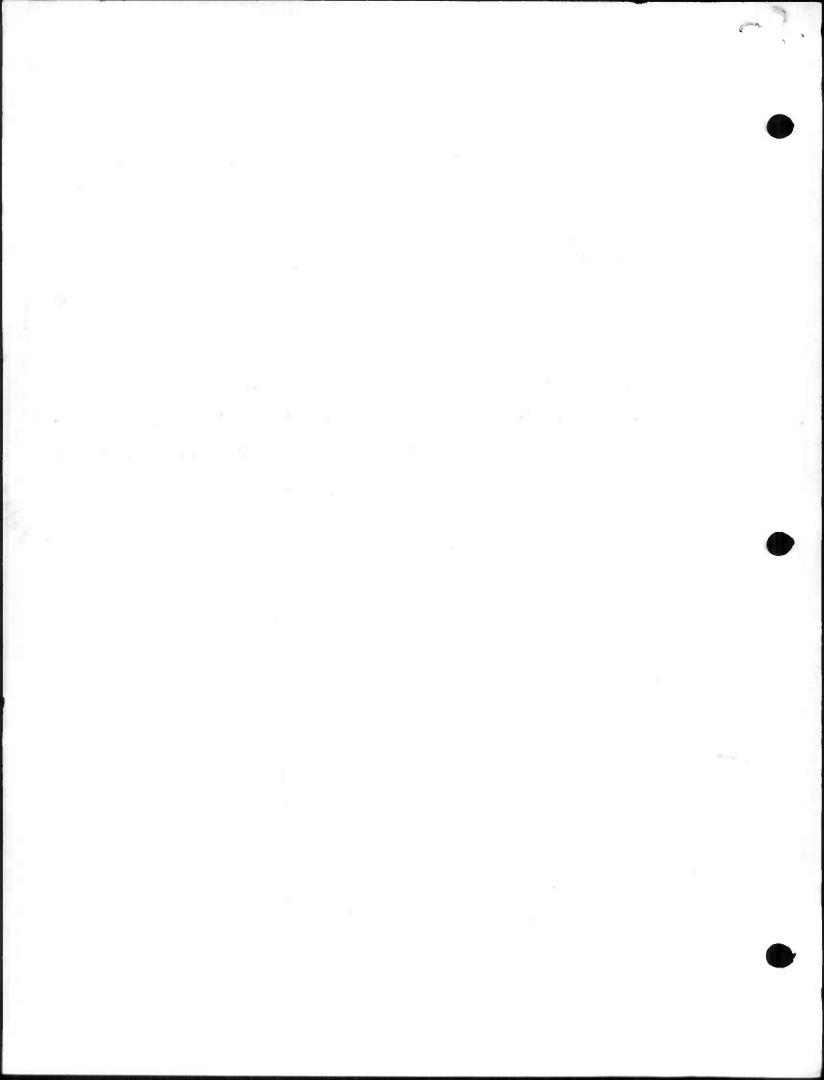
Amended #17, 2/23/96, MRT, Montgomery County 05506 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR EGBER 9:50 FEB 11 WNES м 6 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 83 158-01-5221 1 X M 2 T F Oct.1,191 Texas 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery 1 - YES 2 NO Silver Spring FUNERAL 10e. STREET AND NUMBER 10g CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 12909 Tamarack Road 20904 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married 1 TYES 2 57 NO Specify: Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY grade completed) (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Printing 2 yrs Printer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas A. Jones Thomas H. Jones Jemima Eralv 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Gladys B. Jones (wife) 12909 Tamarack Rd., Silver Spring, MD20904 20a. METHOO OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE 1 Burial 2 ☐ Cremation 3 ☐ Removal from State cemetery, cremetory or other place)
Cate of Heaven Cem. Donation 5 Other (Specify) 2/16 Silver Spring, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raepiratory arrest, shock, or heary sellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ 2 week resulting in death) DUE TO (OR AS 4 CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting lg the underlying cause given in Part i. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO aprende auto COMPLETION OF CAUSE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 YES 2 NO itlant 2 - ER/Outpetlant 3 - DOA 4 Nursing Home 5 Raaldenca 8 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 6 Could not be detarmined ED COMPLET 29a. CERTIFIER

//Chack note

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 296 SIGNATURE AND TITLE OF 29c. LICENSE NUMBER BE 6 20 9 N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

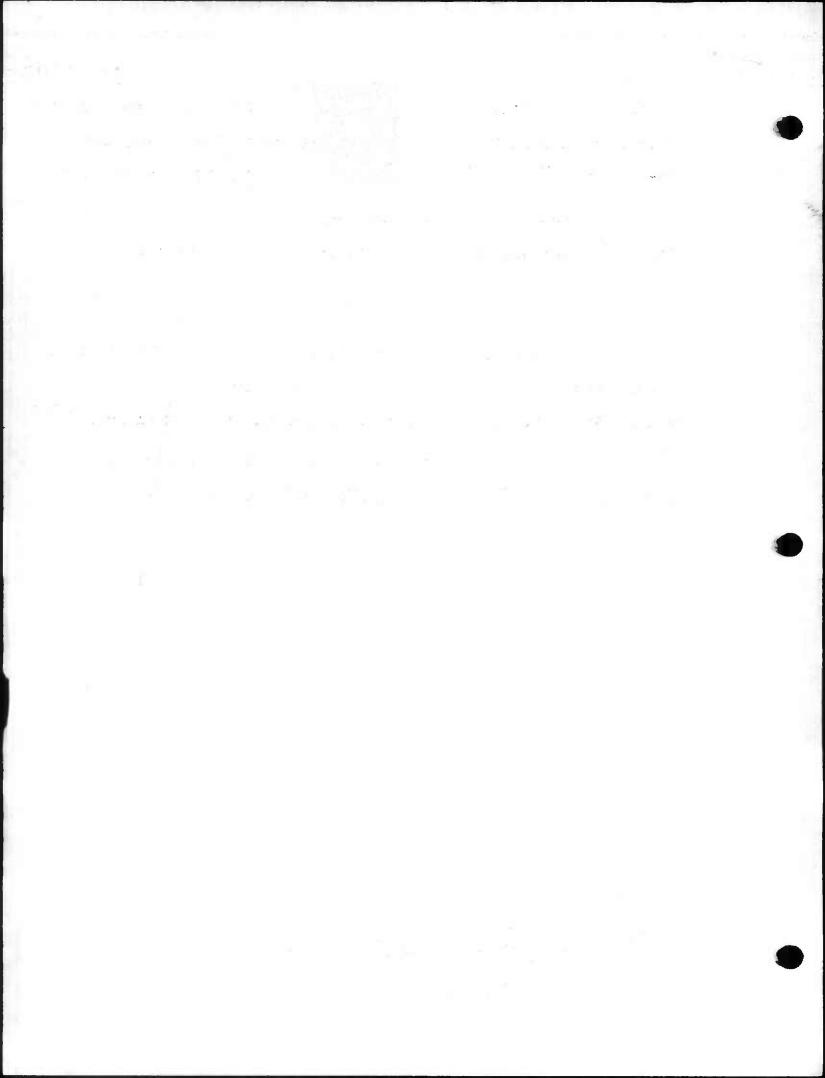
32. REGISTRAR'S SIGNATURE
Julia Standard Revolution

DHMH-18 Rev 1/89



	Ame	nd	State of Maryland / Department of Health and ded #19a, 5, MRT, 2/21/96, Mon <b>Certificate of Death</b>		giene Reg. No.	95 05507
	Physic		1. Decedent's Neme (First, Middle, Last)  Keith E. Johns	2. Dete of De Month Feb.	-	3. Time of Death 10:30 a
	/Medi Examir		The second control of	or Location of Death	4c. County	
			Holy Cross Hospital Silve 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Yeer If Under 24 If	er Sprin	-	ONTGOMERY
	Funeral Director		578-86-7936 XXM 2 F 38 Yrs. Months Days Hours N	lin. (Month, Da. Jan. 2	7, 1958	9. Birthpleca (Stete or Foreign Country) Wash. DC
	dand		Usuel Residence of Decedent  10a. Stete 10b. County 10c. City, Town or Location			10d. Inside City Limits
	the Merylans r 28a-f ehow	ctor	MD Pr. Geo. Upper Marlboro			1 🕮 Yes 2 🗆 No
	th with th	I Dire	10e. Street end Number  13112 Burleigh Street  20774		10g. Citizen of V	
020	or items	by Funeral Director	11. Maritai Status  12. Wes Decedent Ever in U,S.	(Specify Yes or No Jerto Rican, etc.)		e - American Indian, k, White, etc. Black
21215-0020	rithin 72 hours ner "netural", a Med cel Ex	Be Completed	15. Decedent's Education (Specify only highest grede completed)  Elementary/Secondery (0-12)  College (1-4or 5+)  16e. Decedent's Usuel Occupetion (Give kind of work done during most of life. DO NOT use retired)	working	16b. Kind of Bu	,
	be filed with tal Hygiene. d other than	Col	2½ yrs. Ramp Service  17. Fether's Neme (First, Middle, Last)  18. Mother's last	Neme (First, Middle,		d Airlines
Maryland	S is o	To Be	Ernest Johns Ban	bara Ty	ler	
			19e. Informent's Neme/Relationship (Type, Print)  19b. Meiling Address (Street end Number of 13112 Burleigh S	Rural Route Number	er City or Town, er Mar	Stete, Zip Code) 20774 lboro, MD
Baltimore,			20a. Method of Disposition  1XXIII 2 □ Cremation 3 □ Removel from State  20b. Pleca of Disposition (Neme of cemetery, cremetory or other place)	Date		City or Town, State
altin			4 □Donetion 5 □Other (Specify) Harmony Mem. Park  21 Signal and Funerel Service Licenses 22 Name and Address of Fecility	2/16	Lando	ver, MD
ä	Depermine Depermine Important Important Important Important Inc.		SNOWDEN FUNEI ROCKVILLE, MI	RAL HOME 20850	, P.A.	
,	Physician /Medical		23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as care shock, or heart tanger. List only one cause on each line.  Immediate Ceuse (Finel disease or condition	diac or respiretory e	rrest,	Approximate Interval Between Onset and Deeth
	Examiner	ler	resulting in deeth)  Due to (or es e consequence of):			
	be executed sician and buriel-transit	Examiner	Sequentially list conditions, if any, jeeding to immediate			
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_		0	& Embolic Stroke			
. Box	death e etter d for u	iciar	Part Ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.	23h Didi	ohacco usa cor	ntributs to the cause of death?
P.0	that the de ed by the deteched	Phys	Asperation Preumonia			3 Probably 4 Unknown
Records,	law requires that the death certifies been signed by the ettending 2 should be deteched for use ea	Completed by Physician/M		24a. Was perfo	an autopsy rmed?	24b. Were autopsy findings availebie prior to completion of cause of deeth?
al Re	The ate h	Com		10	res 2 No	1 ☐ Yes 2 ☐ No
of Vital	Physician: The this certificate ral director, pag	Be c	exeminer? Other:	Death (Check only o		
on of	ling Phys	tion: To	1   Yes   25   No	g Home 5 Resk	denca 6 Other	
Division	al or Attending F safter death. I Director: After d in by the funer	Certification:	3 Suicide 4 Homicide  6 Could not be determined  28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify)	28f. Location (\$ City or Tox	Street and Numbern, State)	er or Rurel Route Number,
	Hospitu 14 hours Funera tety fille	edlcal C	29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, death occurred at the time, date and plant of the desired for investigation, in my opinion, deeth of end manner stated.	ace, and due to the courred at the time,	cause(s) and ma dete end piace, e	nner as stated. and due to the ceuse(s)
	To the Within 2 To the comple	Me	29b. Signature and title of cartifier 29c. License number		29d. Date signed	1 (Month, Dey, Year)
P		1	Munder M.D FACP D 3224	7	2.12	, 96
	12		30. Name and address of parson who completed cause of deeth (Item 23e) (Type, Print)  NOOSHIN F. FARR MD FACP			
	Sta Registr		31. Date filed (Month, Day, Year)  32. Registrer's Signature			

DHMH 16 Rsv 6/95



BALTIMORE, MARYLAND 21215-0020

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28 Item CERTIFICATION

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32. REGISTRAR'S SIGNATURE
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After death

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FUNERAL C within 72 h TANT: If It

executed within OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH FEBRUARY 13, 8:45 PM M HARRIS AGUSTUS KEYS 1996 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 56 JANUARY 31,1940 213-34-8802 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH RESIDENCE. #3545 STUMPNECK ROAD RISON CHARLES RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CHARLES INDIAN HEAD 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? #3545 STUMPNECK ROAD UNITED STATES 20640 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yea, specify Cuben, Maxican, Puarto Rican, etc.)
1 YES NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married Specify 3 Widowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes Elementary/Secondary (0-12) College (1-4 or 5+) 10TH GRADE MASON LABORER CONSTRUCTION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE AUGUSTUS KEYS LYDIA VIOLIA MARGARET FORD KEYS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) #3545 STUMPNECK ROAD, INDIAN HEAD, MARYLAND 20640 MAGGIE V. KEYS 20a. METHOD OF DISPOSITION
1 M Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata 4 Donation 5 Other (Specify) HOPE CHURCH CEMETERY 2/19/96 NANJEMOY, MARYLAND 21. SIGNATORE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY THORNTON FUNERAL HOME, P.A. TYDIA C. THORNTON JOHNSON MO0583 #3439 LIVINGSTON ROAD, INDIAN HEAD, MD. 2064 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition Metastatic Cancer to buttock
Due to (OR AS A CONSEQUENCE OF): 14ear resulting in daeth) OF THE TO NGUE ANCER 3 years Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES ZXXNO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER:
4 □ Nursing Home 5X Residence 8 □ Other (Specify) 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28b. TIME OF INJURY 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF INJURY - At home, ferm, streat, factory, office 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER
(Check only one)

The Description of the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

The Description of the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D-/61160 29d. DATE SIGNED (Month, Day, Year) Occurring C. de la faz 14- D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) FEBRUARY 14, 1996 AURELIO C. DE LA PAZ M.D. P.O. BOX #1230 LA PLATA, MARYLAND

j. \*\* 

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Otate of it	naryiari		tificate of	Death	, ,		3.5	05509
	1 14. (1	7	1. Decedent's Neme (First, Middle, Last	")					2. Dete of Deat	h		3. Time of Death
	Physici /Media		JUNG J.	4 H	<1M				Month FEBRAUR	Dey	Year	08:20 AM
	Examir		4a. Fecility Neme (If not institution, give	street end numbe	1)			4b. City, Town, or L	ocation of Death	4c. County	of Death	
			Suburban H	ospital				Bethesda		Mon	ntgom	ery
	Funeral Director		377-02-0207	7. / DM 211 F	Aga (In yrs. le 67	ast birthday) Yrs.	If Undar 1 Yaar Months Days		8. Data of Birth (Month, Dey, Aug. 26	Year) 1928		elece (Stete or Foreign etry) th Korea
	and *		Usuei Residence of Decedent  10a. Stete 10b. County		10c. City	. Town or Lo	cation				1	0d. Insida City Limits
	with the Marylan a or 28a-f show	ctor	Maryland Montgom	ery				ville			,	1 No Yas 2 No
	4 to 20	듬	10e. Street and Number				10f. Zip Code		10	g. Citizen of	What Coun	try?
	23a	ra	199 Rollins Avenue				2085	2		USA	A	
20	2 should be filled within 72 hours after death with the Manyland and Mental Hyglene. Is marked other than "naturel", or Itama 23a or 28a-f show surretic event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Stetus  1 □ Never Merried 2 ② Married  3 □ Widowed 4 □ Divorced	12. Wes Deceder Armed Forces 1  Yas 2 if Yes, Give Yeer or Dates	? No		Ves Decedant of I f Yas, apecify Cub I □ Yes 2 🗓 No	Hispanic Origin? (Sp en, Mexican, Puerto Specify:	ecify Yas or No- Rican, etc.)		ck, Whita,	etc.
8	hou	8	15. Decedent's Edu			16a Docor	lent's Usuel Occu	notion		16b. Kind of B		ian
Maryland 21215-0020	in 72 na none	Completed	(Specify only highest grad	a completed)		(Give	kind of work done OO NOT use retire	during most of work	ing	IOD. KING OF B	usiriess/inc	Justry
212	Jiene.	E	Elemantary/Secondery (0-12) 12	College (1-4o	75+)		omemaker	-,			0	wn Home
P	be filed stal Hyg d other event,	Be C	17. Fether's Neme (First, Middle, Last)			- 11	Omemaker	18. Mother's Nem	e (First, Middla, N	fa <i>id</i> en Sumen		wir nome
ar	lental lental red ic ev	To B	Hac Woon Rhim					Mu Duk Y	i			
ary	d 2 should th and Men 7 is marke traumatic	-	19e. Informent's Name/Reletionship (T)	rpe, Print)		19b. Meilir	g Address (Street	end Number or Rui	al Route Number,	City or Town,	Stete, Zip	Code)
	nd 2 alith a 27 is	-	Austin Chin Ha Kim			199 R	ollins A	venue Ro	ckville,	Maryla	and 2	0852
ē,	f Her f Her frem othe		20e. Method of Disposition			ece of Dispo	sition (Nema of netory or other pla	1001	Dete 2	20c. Location -	City or To	wn, Stete
Baltimore,	permit. Peges 1 and 2 Department of Health a Important: if item 27 is any injury or other tra		1 🔀 Buriai 2 🗆 Cremetion 3 🗆 F 4 🗆 Donetion 5 🗀 Other (Specify)		e	eck M	emorial	Gardens 2				and
Bal	Depa Impor		21. Signeture of Funarai Servica Licans	10	0			ess of Fecility .Collins rsity Blv				MD 20901
			23a. Pert1. Enter the diseese, or composhock, or heart feilure. List only o	icetions thet caus	ed tha death.						Ling	Approximate Interval Between
	Physician		SHOCK, OF HEART ISHUTE. LIST OTHY O	ne ceuse on eecn	iine.						i	Onaet end Deeth
-1	/Medical		Immediete Ceuse (Finei disease or condition	SEP	TIC		OCK					(a d) mu =
	Examiner		resulting in deeth)	8.		es e conseq						to samp
	D #	ne		BI	ast		risis					6 days
	icate be executed physician end s the buriel-transit	Examiner	Sequentially ilst conditions,	D	Due to (or	as e conseq	uence of):					6 days
68760,	e ex		Sequentially list conditions, if eny, leading to immediete cause. Enter Undarlying Cause (Disease or injury that initieted events	L.	euke	mia					i	11 dans
876	ate b hysic the b	edicai	thet initieted events resulting in deeth) Last	C. —————	Due to (or	es a conseq	uence of):					
	certific oding p	_		d				1				
Box	eeth etter for u	Physician/N										
P.O.	y the d	lys	Pert li. Other significant conditions con	-		-		ven in Pert i.				the cause of death?
0	that ded to		A cute Re	spiratos	y.	failu	re		1 🗆 Ye	2 2 No	3 Prob	bebly 4 Unknown
Division of Vital Records,	lew requires that the deeth certificate be executed as been signed by the ettending physician end as should be deteched for use as the buriel-transif	Completed by	A cute Re Acute R	enal	fo	ilur	e		24e. Wes er perform	eutopsy ned?	ave	ere autopsy findings ellable prior to mpletion of cause
Re	he lew s has	dwo	Champail	Hop	atitis	5 .				- M		death?
a	ficete		25. Wes case referred to medical	,,,,,					1 ☐ Ye	-	1L	☐Yes 2☐No
5	certi	Be c	exeminer?	lospitei:			Ott	hor	h (Check only one			
of	Phy rthis aral d	5. To	27. Menner of Death			R/Outpatien 28b. Time of	3LI DOA	4 LI Nursing ric	ome 5 Reside			0
on	dlng th.	후	1 Neturel 5 ☐ Pending 2 ☐ Accident investigation	28a. Dete of in (Month, D	ey Year)	injury	28c. inju Wo M 1	rk?  Yes 2 □ No				
181	deal ctor: y the	fica	3 Sulcide 6 Could not be	28e. Pieca of it	niury - At hon	ne. ferm. str	eat, factory, office		28f. Location (Str	eet end Numb	er or Rura	I Route Number
Ö	al or / s after ol Dire	Certification:	4 Homicide	building, e	olc. (Specify)		, , , , , , , , , , , , , , , , , , , ,		City or Town	Steta)		
	To the Hospital or Attending Physician: The lew within 24 hours after death.  To the Funerel Director: After this certificate has completely filled in by the funeral director, page 2	Medical	29a. Certifler (Check only one)  2 Certifying Physical Examination (Check only one)	aician: To the bes nar: On tha basis and menner s	of examinetic	ledge, deeth on and/or inv	occurred at the ti estigation, in my	me, dete end pieca, opinion, death occur	and due to the ca red et the time, da	use(s) and me ite and piace,	enner es at and due to	eted. the ceuse(s)
	To th	Σ	29b. Signature end title of certifiar				29c. Licens		29	d. Dete signe	d (Month, i	Day, Year)
			hung	-w	$\supset$		D:	37891	FE	BRAURY	11	1996
	5		30. Nema end eddress of person who co	mpleted cause of	deeth (item	23e) (Type, I	Print)					
				PATUANY			121 Con	gressiona	1 Ln #41	9 100	will	mo. 20852
	Sta Registra		31. Data filed (Month, Day, Year) FEB 12 1996	32. Regis	trer's Signatu	Rardalle						
	-3											

DHMH 16 Rav 6/95

3. TIME OF DEATH

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2. DATE OF DEATH

32 REGISTRAR'S SIGNATURE

T 3"1996

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					.,	Certificate of	f Death		Reg. No.	96	05511
	Dhuaisi		1. Decedent's Name (First, Middla, Las	st)				2. Data of De Month	ath	Yaar	3. Time of Death
	Physici /Medio		WILBU	8	13	KEL	LEY	FEB.	9 19	96	7.33 Pm
3	Examir		4a. Facility Nama (If not Institution, give	A CONTRACTOR OF THE CONTRACTOR		,	4b. City, Town, o	r Location of Deati	4c. County of	of Death	
			Washington Adven	tist Hospit	al		Takoma	Park	Montg	omery	
	Funeral		Social Security Number     6. S		(In yrs. last birt	hday) If Undar 1 Yes Months Day			th V. Year)	9. Birthpia	ce (State or Foreign
	Director		218-12-3085	( <b>X</b> M 2□ F	76	rs.	710010		20,1919	Mary	
	9 >		Usual Rasidence of Decedant		40.00.7						
	anytar show sd.et		10a. Stata 10b. County		10c. City, Town	or Location				100	d. Insida City Limits
	N THE	cto	Maryland Montgom	ery	Spence	erville					1 ☐ Yes 2 ☐ No
	with the Maryland a or 28a-f show Lbe notified at	Director	10a. Street end Number			10f. Zip Code			10g. Citizan of W	hat Country	y?
	ter death with the Maryla Itsems 23a or 28a-f show iner must be notified at		16007 Batson Roa	ıd		20	868		Unite	d_Sta	tes
	de and	Funeral	11. Meritel Stetus	12. Wes Decedant Ev Armed Forces?		13. Was Decedant of If Yes, specify Cu	Hispanic Origin? (	Specify Yas or No	- 14. Race	- Amarican	
20	hours after hursi', or its at Examine		1 ☐ Never Merried 2 X Merriad	1 XYas 2 □ No If Yas, Giva 19 Year or Datas:	, 41_1945	1 □ Yas 2 📆 N		,		White	
21215-0020	ingt,	d by	3 ☐ Widowed 4 ☐ Divorced	Year or Datas:					ороспу.	MILLE	e
'n	727 meth	Completed	15. Dacedant's Ed (Specify only highast gra		16e.	Decedant's Usual Occ (Giva kind of work don lifa. DO NOT usa retii	upation a during most of w	orking	16b. Kind of Bus	sinass/Indu	stry
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	hygie her t		12 17. Fathar's Nama (First, Middla, Last)	2		Head of Co				r Com	pany
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ž	Mar	10	Rev. Louis Henry					Lee Mils			
Maryland	12 sh and ts m		19a. Informant's Name/Reletionship (1			Meiling Addrass (Street					oda)
	and topath m 27		Catherine H. Ke	ттеу		007 Batson	Rd, Spe			0868	
6	M Ite		20a, Mathod of Disposition 1 ☑ Buriel 2 ☐ Cramation 3 ☐	Ramoval from Stata	20b. Place of cematar	Disposition (Nama of y, cramatory or other p	lace)	Deta	20c. Location - 0	Dity or Town	n, State
Ë	Page ment it ant: It		4 Donation 5 ☐ Othar (Specify		Union	Cemetery		2-13-96	Burtons	ville	e, MD
Baltimore,	spart sport sy in		21. Signature of Funaral Sarvice Licen	See .		22. Nema and Add Hines-Rin	rass of Facility	owal Ham	Tno		
ш	89788		Jaine of	Phill	non	11800 New				ring	MD 20004
	3-11-		23a Part . Entar the disease, or comp	ollcations that caused t	ha daath. Do n					A	oproximate
а	Physician		shočk, or haart feilura. List only	one cabsa on aach ima						Č	ntarval Between Onsat end Deeth
싪	/Medical		Immediate Cause (Final disease or condition	LICA	07 /	-AILURE				- 21	
ш	Examiner		rasulting in daath)	a. 7 (7)	ue to for as a c	onsaguance of):	<u></u>	_		1	
		ner		BRAD			//\ /\	inVENT	RICHI AR	mi	
	tificate be executed ig physician and as the buriel-transit	Examiner	Sequentially list conditions			onsequance of):	10 10	RYT	HM		
ó	exec an ar nel-tr		Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disease or Injury	COROL	/	`		/ /	/ / / /		
68760,	sicis bu	edical	that initiated avants	V. —		ISCHEN	11/1				
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Box	ndin	2		· CORON	JARY	AKTE	29 211	EASE			
	d for	cla	Part II. Other significant conditions of	patributing to death but	not reculting In	the underlying enurs of	riven in Part I	23h Did	tohacoo usa con	tribute to t	he cause of death?
0	The law requires that the death certate hes been signed by the attendingage 2 should be detached for use	Physiclan/M		3						3 Probai	
۳.	that	by P	FIYPOXEN	1VA a	nd	ACIDO	515	_   '	Tes ZLINO	3   F100a	bly 4(2011kilowii
Records,	uires tures							24a. Was	an autopsy		a autopsy findings
00	v require been si shouid	lete						perfo	ormad?	availe comp of de	able prior to plation of causa
Re	The lay ate hes page 2	Completed							M		
a		e Co	25 Wee open referred to madical					1 🗆 '		1 🗆 1	Yas 212 No
of Vital		00	25. Was cese refarred to medical axaminar?  1 ☐ Yes 2 ☑ No	Hospital:	0.55		ther	eath (Check only o			
of	Phys this ral di	. To	27. Manner of Death	1 (2) Inpatient	2 □ ER/Out 28b. T	patient 3LI DOA	4 LI Nursing	Homa 5 Rasi	dance 8 ∐Otha how injury occurre		
5	After Iuner	tlon	1 Naturel 5 ☐ Panding	(Month, Day		ijury W	ork? □ Yes 2 □ No	EGG. Describe	now injury occurre	NG.	
Division	or Attending after death. Director: Afte In by the lune	Certification:	3 ☐ Suicida 6 ☐ Could not be		At home for			29f Location /	Street and Numba	ene Pumi i	Douto Alimbas
<u>&gt;</u>	after Direction by	it.	4 ☐ Homicida detarmined	building, atc.	(Specify)	m, streat, factory, office	e	City or To		TOTALIBIT	TODIE NUMBER,
_	pital ours a		200 Carifica Africa St.	entales. To the book of							
	To the Hospital or Attending Phy within 2 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Certifier (Check only one) 1 ✓ Certifying Phy	sician: To the best of iner: On the basis of a	xamination end	gaeth occurrad at the Vor Invastigation, in my	time, dete end pled opinion, death occ	ce, end due to the curred et the time,	ceusa(s) end mar date and place, e	iner es stat nd dua to th	ed. na causa(s)
	thin the mple	Med	29b. Signatura and title of condier	and mannar state	NJ.	200 Lines	nse number	Т	29d. Date signed	(Month D	av Veer)
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	U`		SAMIR NEIM	111,410-	7610	MICKUL	110.	MROH	A INKK	, 110.	1, 20412
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IR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should us after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	marked,
TO THE HOSPITAL DR ATTENDING PHYSIC	2 .	mark

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30	U	J	U	T	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND		YGIENE EG. NO.	96	05512
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D	EATH		TIME OF OEATN
	ROSQUIE W.	KINS.	019		Feb	13 199	% YEAR	1:30 / M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	n yrs. last birthday) IF I	INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF B	IRTH Year)	8. BIRTNPLA	ACE (State or Foreign
	579-10-4540	1 - M 2 XX	/8 YRS.	27 270- 128	JAN,			LAND
œ	9e. FACILITY NAME (If not institution, give st			CITY, TOWN OR LOCATION OF C	EATN		INTY OF DEAT	
DIRECTOR	HOLY CROSS HOSP	1 I AL		SILVER SPRING		MON	TGOME	KY
<u>ا</u> پ	10e. STATE 10b. COUNTY	,	10c. CITY, TO	WN OR LOCATION			10	d. INSIDE CITY LIMITS?
		E GEORGES	COL	LEGE PARK			14	YES 2 NO
₹ I	10e. STREET AND NUMBER	D DDTIIE #/06		10f. ZIP CODE			IZEN OF WHA	
FUNERAL	6100 WESTCHESTE			20740			TED ST	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	an, Puerto Rican		Black, W	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 TES 2 NO Spec	Hy:		Specify.	VHITE
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KINI	O OF BUSINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	red.)				
MP	12		CONGRESS	IONAL SECRETA		TED STAT	ES SEN	NATE
	17. FATHER'S NAME (First, Middle, Last)  ABRAHAM WOLMAN					, Maiden Surname)		
B	ADKAHAM WULMAN  19a, INFORMANT'S NAME (Type/Print)				ZUBATKI			
2	PAUL KINBERG	(SON)		RESS (Street and Number or Rura NTLE KNOLL LA				5248
	209, METNOD OF DISPOSITION		PLACE AND DATE OF DI		DATE	20c. LOCATION —		
	1 X Buriel 2 Cremetion 3 Remo			MEM. GARDEN	2/15			VIRGINIA
	21. BIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF F DANZANSKY-GO	1 .			
	Meant 1	1-tous	1 2	1170 ROCKVILL	LUBEKG .	- BOCKAL	TIE N	D 20252
	23. PART i. Enter the disesses, or o						•	Approximata
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one causa on a	ach line.					interval Between Onset and Death
	disease or condition	. KenaL	FRILVE	re				1 moure
	reaulting in death)	DUE TO (OR AS A	CONSEDUENCE OF):					110011
Z	Sequentisity list conditions,	Purmonar	1 EDER	14				2 week
E	if sny, lasding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
5	CAUSE (Disease or injury	C. DUE TO (OR AS A	CONSEDUENCE OF):					
CERTIFICATION	that initiated avents resulting in death) LAST							İ
		0.						
¥	PART II. Other eignificant condition		ut not raauiting in th	e undariying cauaa given ii	n Part i. 24a	PERFORMED?	AM	AILABLE PRIOR TO
MEDIC	Systemic Lugi				10	YES 2 10		PMPLETION OF CAUSE DEATH?
Σ	DID TORACCO LICE CONT	DIDLITE TO CALISE O	F DEATH YES	NO UNCERTA	IN C	V	11	YES 2 NO
7 1			T DEATH TES	I INC. TO LINCERIA				
2	DID TOBACCO USE CONTI		26. PLACE OF DEATN (C					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAL:	26, PLACE OF DEATN (C	theck only one)		noths.		
HYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAL:   Inputiont 2 = ER/Outs	26. PLACE OF DEATN (Contient 3 DOA 4 DOA 28b. TIME OF	theck only one)  HER: Nursing Nome 5  Residence  28c. INJURY AT	6 Other (Sp	ecity) BE NOW INJURY OC	CCURED	
Y PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERS 1 YES NO  27. MANNER OF DEATN  Netural 5 Pending	HOSPITAL:	26, PLACE OF DEATN (Control of the state of	heck only one) HER: Nursing Nome 5 - Residence	6 Other (Sp		CCURED	
В	25. WAS CASE REFERRED TO MEDICAL EXAMINER  1 VES NO  27. MANNER OP DEATN  Netural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: Inpetient 2 ER/Outp  28e. DATE OF INJURY (Month, Day, Year)	26, PLACE OF DEATH (Continued on the continued on the con	HER: Nursing Nome 5 Realdence 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Sp 28d. DESCRIE	BE NOW INJURY OO		e Number,
ED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINERS 1 VES NO  27. MANNER OF DEATN  Netural 5 Pending Investigation	HOSPITAL: Inpetient 2 ER/Outp  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY	26, PLACE OF DEATH (Continued on the continued on the con	HER: Nursing Nome 5 Realdence 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Sp	BE NOW INJURY OO		e Number,
ED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 VES NO  27. MANNER OF DEATN Netural 5 Pending 1 Netural Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only	HOSPITAL: Inpetient 2 = ER/Outs  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Special	26. PLACE OF DEATN (Center 3 DOA 4 DOA 4 DOA 1 D	HER: Nursing Nome 5 Realdence 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Sp. 28d. DESCRIE	BE NOW INJURY OO N (Street and Number wn, State)	er or Rural Rout	e Number,
ED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER  1	HOSPITAL: Inpatient 2 ER/Outs  28e. DATE OF INJURY (Month, Day, Year)  26e. PLACE OF INJURY building, atc. (Spec	26. PLACE OF DEATN (Contient 3 DOA 4	heck only one)  HER: Nursing Nome 5 Realdence 28c. INJURY AT WORK?  M 1 YES 2 NO  I, factory, office	28d. DESCRIE  28f. LOCATIO City or To	N (Street and Number No., State)	er or Rural Rout	
COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER  1	Inpetient 2 ER/Outs  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Special Control of the best of my known.  R. On the basis of examination.	26. PLACE OF DEATN (Contient 3 DOA 4	heck only one  HER: Nursing Nome 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO  I, factory, office  the time, date end piece, and do my opinion, death occured at the	281. LOCATIO City or for	N (Street and Number with , State)  end manner as att place, end due to to 1	er or Rural Rout sted. the cause(a) ar	nd manner as steted.
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER  1  YES  NO  27. MANNER OF DEATN  Netural 5  Pending Investigation 3  Suicide 8  Could not be determined  29e. CERTIFIER (Check only one) 2  MEDICAL EXAMINE	HOSPITAL: Inpatient 2 = ER/Outs 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	26. PLACE OF DEATN (Contient 3 DOA 4	heck only one  HER: Nursing Nome 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO  I, factory, office  the time, date end piece, and do my opinion, death occured at the	281. LOCATIO City or for	N (Street and Number with , State)  end manner as att place, end due to to 1	er or Rural Rout sted. the cause(a) ar	nd manner as steted.
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		REGISTRAR	CT, Howard STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	EALTH AND M	ENTAL HYGIEN	-	6 05513
			ENEDICT	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH D. 5	5 9	3. TIME OF DEATH  ~ OOO\ AM  BIRTHPLACE (State or Foreign
pinous		578-46-4371  90. FACILITY NAME (If not institution, give stree	□ M 2 ₹ F	YRS	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug 10, 1	935	California Y OF DEATH
1, 2, 3	ECTOR	7509 01d Columbia RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	Road		Colum			Н	oward
permit. Pages	DIR	Maryland How:	ard	10c. CIT	Columb			I son CITIZE	10d. INSIDE CITY LIMITS?  1 YES 2 NO  N OF WHAT COUNTRY?
ian. transit	FUNERAL	5509 Old Columbia	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 T NO	13. WAS DEC	21045	C ORIGIN? (Specify Yes Puerto Rican, etc.)	Unit	ted States  I. RACE — American Indian, Black, White, etc.
1215-0	ETED BY	3 Wildowed 4 Divorced  15. DECEDENT'S EDUCAT (Specify only highest grade cor		16e. DECEDENT'S	USUAL OCCUPATIO	NO Specify:	16b. KIND OF BU	SINESS/INDUS	White
The hospital or detached for u	COMPLE	Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Teache		16. MOTHER'S NAM	Educ	ation	
TARYL rained by should be tiffied at	TO BE C	Murray Reed Benedic	et	19b. MAILING	ADDRESS (Street e	Martha F			ode)
may be		Mr. James L. Mayer  20e. METHOD OF DISPOSITION 1	ol from State cam	PLACE AND DATE	OF DISPOSITION (Na	ame of	OATE 20c. LO	CATION — CIF	Lumbia MD21044 y or Town, State
ALTIM death. Page funeral din examiner		21. SIGNATURE OF FUNERAL SERVICE LICEN  August 12 (2)	SEE	alt-wasn	22. NAME AN		e Funeral	. Home	
within and hours after holesty filled in by the cremation, or removarent, the medical		23. PART i. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	CASTRA  DUE TO (OR AS A	C CA	PCINON	de of dying, such	bia Pike as cardiec or respi	Ellico	t, Approximate Interval Batween Onset and Datth
P.O. BOX 68 th certificate be execute ending physician and c il Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE O	F):	ABUSE			4 YEARS
ires that the signed by the Health and Me	MEDICAL (	PART II. Other algorificant conditions of			A	g cause given in P	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Y 2 2 5 5	SICIAN: N	DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMPLER?		F DEATH YE	TH (Check only one)	UNCERTAIN			1 - YES 2 DHO
PHYSICIAL this certification with the rived, or	РНҮ	1 V YES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending	Inpatient 2 ER/Outp  28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nursing Hom IE OF 26c. INJ	URY AT RK?	Other (Specify)	NJURY OCCUP	NED
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death item 28 is mai	ЕТЕР ВУ	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, ify)			City or Town, State)	and Number or	Rural Route Number,
로 라이트	COMPLI		N: To the beat of my knowl On the basis of examination	edge, death occurr n end/or investigation	ed at the time, date	end place, end due to	the cause(e) end man	nner ee stated.	euse(e) end manner ee stated.
TO THE HOSPIT TO THE FUNER De filed within 7	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	MPLETED CAUSE OF DE	puty pund	Comp	29c, LICENSE NUMB	173	29d. DATE S	IGNEO (Morith, Day, Year)
		PATRYCE A. TOYE		65 HE		LOVE	MY FU	icon	21042
		red 1 5 1996	Jalia Daveles	Rapfull					

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAR DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF N			MENT OF H		MENTAL HYGIEN	_	96	05514
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH
	Ernest A. Knorr					Jan. 3		996	9:00 P. M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. I		IF UNDER t YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	216-07-5883 1 🔀 M 2 🗆 F	91	YRS.	ONTHS DAYS	R LOCATION OF DE	Jan 23, 1		Maryl	
TOR E	Bon Secours Extended Care	Facili			cott Cit			ward	
ECTO	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10-	d. INSIDE CITY
DIR	Maryland Howard		Cla	rksvill				1 (	LIMITS?
FUNERAL	100. STREET AND NUMBER 6602 Swing Court			10f	21029			ed St	t country?
2	11, MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. A	RMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		14. RACE —	American Indian,
BY F	1 Never Married 2 Married FORCES? 1 3 Widowed 4 Divorced FORCES? 1	X YES 2 L AR OR OATES	NO		city Cuban, Maxica 25 NO Specify	n, Puerlo Rican, etc.)		Black, W Specify:	hite, atc.
	I WWII & K								White
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	- (	Give kind of wo	SUAL OCCUPATION THE done during mo		16b. KIND OF BUS	HNESS/INDU	USTRY	
	Elamentary/Secondary (0-12) College (1-4 or 5 +	)	He. Do NOT use	,		Todowa	1 C		.1-
COMPL	17. FATHER'S NAME (First, Middle, Last)	TII	cerring	ence Ag		Federa ME (First, Middle, Maiden		ernen	T
	Ernest A. Knorr Sr.					na Ringsdo			
H	19s. INFORMANT'S NAME (Type/Print)	1	19b. MAILING A	OORESS (Street a		Poute Number, City or Town		Code)	
일	Mrs. Bernadine Knorr					ksville, M			029
	20a. METHOO OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal from State	20b. PLACE	EANDDATEOF	DISPOSITION (Na	ne of	OATE 20c. LO			
	4 Donation 5 Other (Specify)	Loud	on Par	k Cemet	ery	2-3 Ba	ltimo	ore, M	laryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			Harry	H. Witz	ke Funeral	HOme	. Inc	
	> Sum a- Collis	0				mbia Pike			
	23. PART i. Enter the diseases, or complications that shock, or heart fallura. List only one cause	causad the d	taath. Do no	t entar tha mo	da of dying, suc	h as cardiac or respi	ratory srre	est,	Approximats interval Between
	IMMEDIATE CAUSE (Final			0	24				Onset and Death
	resulting in death) 8	rectet			tito	Ca			
_	but 10	OR AS A CONSI	EQUENCE OF):		dis				
HILICATION	It sny, lasding to immediata	OR AS A CONS	EOUENCE OF):		0				
	CAUSE (Disease or Injury	OR AS A CONSI	EQUENCE OF	CVS	9				
	requiting in death) LACT	~^	7	_	Dene	han	•		
5							1		
S	PART II. Other significant conditions contributing to		reauting in	the undarlying	cause givan in	Part I. 24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDIC	100	7	, 0.			1 YES 2	LHO	OF	MPLETION OF CAUSE DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAL	ISE OF DE	ΔTH YES	ПИОГ	UNCERTAIN			1[	YES 2 NO
SICIAN	25. WAS CASE REFERRED TO-MEDICAL			(Check only one)	OTTELKIAII				
	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inputient 2	ER/Outpatlant		THEN: Nursing Home	5 Residence	6 Other (Specify)			
	27. MANNER OF DEATH 28a. DATE OF (Month, Da	NJURY V. Year)	26b. TIME			28d. DESCRIBE HOW II	JURY OCC	URED	
	2 Accident Investigation			M 1 🗆 Y					
	3 Suicide 8 Could not be determined 28a. PLACE OF building, 4	INJURY — At h	iome, farm, str	et, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number o	or Rural Route	Number,
ן ל	29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of	ny knowledge.	head December	at the time date	and place, and due	to the causale) and are-	mer en etut-	4	
2	one) 2 MEDICAL EXAMINER: On the basis of axi		/ / / /			time, data and place, and			d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1	///		29c. LICENSE NUN		29d. DATE	SIGNEO (Mo	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF OEATH (ITE	EM 27) (Type. P	mu.	1) 28	246		2.1.9	6
	10298B Battimore	NATO	NALT	K, E11	Icott Co	try MD	2101	42	r. Otto
	FEB 0 6 1996 July State of Sta	'S SIGNATURE	.11						
	L L D 0 1330 Mar 9100	CON LAND	Late .						

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are LegIble.

State of Maryland / Department of Health and Mental Hygiene

_			Certificate of Death		B. No.	05517
	Physici	an	1. Decedant'a Name (First, Middla, Last)	Data of Death     Month	Day Yaar	3. Time of Death
2	/Medi		ALBERTA TRUITT Kirwan	Feb. 1		4:16 PM
7	Examir	ner	4a. Facility Nama (If not institution, give street and number)  Memorial Hospital at Easton  4b. City, Town, or Lo  Easton	cation of Death	4c. County of Dec Talbo	
	Funeral Director		5. Social Security Number  213-24-2697  Control of Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex	8. Data of Birth (Month, Day, )		rthplace (State or Foreign Country)
	hend wo		10a. State 10b. County 10c. City, Town or Location			10d. fnside City Limits
	Mary a-f ah	tor	MD TALBOT EASTON			1 Yes 2 No
	or 28	Sirec	10e. Street and Number 10f. Zip Code	100	g. Citizen of What C	Country?
	23a	ral	301 CHOPTANK AVENUE 21601		USA	
215-0020	be filed within 72 hours after death with the Marylend tel Hyglene. d other than "natural", or itema 23a or 28a-f ahow event, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced  12. Was Decedant Ever In U,S. Armed Forces?  1 □ Yes 2 ☑ No If Yas, specify Cuban, Mexican, Puerto I I □ Yes 2 ☑ No Specify:	ecify Yas or No- Rican, etc.)	14. Race - Am Biack, Wh Specify:	
5-0	72 h natu	etec	15. Decedent's Education 16a. Decedent's Usual Occupation (Specify only highest grada completed) (Give kind of work dona during most of working)	ing 16	6b. Kind of Business	s/Industry
212	within 9ne. than	Completed	Elemantary/Secondary (0-12) College (1-4or 5+)		OMN HO	ME
	filed with Hygiene. other than	Be Co	8 HOMEMAKER  17. Father's Name (First, Middle, Last) 18. Mother's Name	(First, Middle, Ma	OWN HO	M.C.
ılan		To B	SAMPSON EDWARD TRUITT ALICE	GREEI	N	
Maryland	2 8 8 2		19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and Number or Rura			
			DOROTHY K. BUSH/DAUGHTER 301 CHOPTANK AVENU			
Baltimore,	Peges nent of int: If it		20a. Method of Disposition  20b. Plece of Disposition (Name of cometery, crematory or other place)  20c. Method of Disposition (Name of cometery, crematory or other place)  20b. Plece of Disposition (Name of cometery, crematory or other place)  SPRING HILL CEMETERY 2		Oc. Location - City o	
Ball	permit. Departn Imports any Inje		21. Signature of Funeral Service Licensee  22. Name and Address of Facility  FELLOWS, HELFENBE  200 S. HARRISON S			
	200		23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac o shock, or heart failure. List only one cause on each line.	or respiratory arras	st,	Approximate fnterval Between
Y	Physician		SCHOOL SCHOOL STATE	$\bigcirc$		Onset and Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  e. Organic Drain Sylve	Long	0	Years
1	TERRA.	le.	Due to (or es e consequenca of):			
	outed	Examiner	Sequentially list conditions  Due to (or es a consequenca of):			1
0,	ificate be executed g physician and as the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events			
68760,	cate b	edical	that initiated events resulting in death) Last  Due to (or as a consequenca of):			
	E 0 6		d			
Вох	ettending	Physician/N				
0	res that the de signed by the e	hysi	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.			te to the cause of death?
σ,	s that	by P	hip Fracture	1 Tyes	8 2 SyNo 3 □ 1	Probably 4 ☐ Unknown
Vital Records,	requi	Completed t	V	24a. Was an performe		. Were autopsy findings available prior to completion of cause of death?
<u> </u>		Con		1□ Yes	200	1□Yas 2NNo
Vita	clan: sertific ector,	Be	25. Was case referred to medical examiner?	(Check only one)	)	
to	Physical direction	-T			ce 6 Other (Sp	ecify)
o	Attending Physician: r deeth. ector: After this certific by the funeral director.	tion	Netural 5 Pending (Month, Day Year) Injury Work?	FELL WH	ILE WALK	ING
Division	Atten r deel octor: by the	fica	3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, ferm, street, factory, office	28f. Location (Stre	eet and Number or F	Rural Route Number,
ă	s efte	Certification:	4 Li Homicide building, atc. (Specify)	219 5 WAS		EASTON, MD
	To the Hospital or Attending Phys within 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral di	edical (	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and manner steled.	and due to the cau	use(s) and manner a	as stated.
	Vithir Vithir Comp	M	29b. Signatura and titla of certifiar 29c. License number	290	d. Data signed (Mor	nth, Day, Year)
3			James Sexeste DD 3137/51	62420	2-12-96	6
			30. Name and address of person who completed cause of death (frem 23a) (Type, Print)	107		
			JAMES SIDES, M.D., 920 MARKET ST., DENTON,	MD 216	29	
	Sta Registr	_	31. Dete filed (Month, Day, Year) FEB 1 3 1996  32. Registrer's Signature  All distribution Revisal			
			- The state of the state			

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30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE
Julia Davidson Rodell

John L. Ford, M.D.

31. DATE FILED (Month, Day, Year)

JAN 07

		DECEDENT'S NAME (First, Middle, Last)	rothy L.	Kind	7					2. DATE OF DEATH MONTH 0	1996	YEAR	B. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER			last birthday)	is impre					1990		2:45 A W
	- 1	216-50-9235	1 M 2 1 F	67	YRS.	IF UNDER	DAYS	HOURS	MIN.	June 3,19	28		LACE (State or Foreign
3 should		9e. FACILITY NAME (If not institution, give s				9b. CITY		OR LOCATI		EATN		ITY OF DEA	
6	DIRECTOR	Shady Grove Adv	entist Hos	pital	L.		Roc	kvil	Le		Mo	ontgo	mery
es 1,	2	10a. STATE 10b. COUNT	Y		10c. Cl	TY, TOWN	OR LOCAT	TION	·			1	IOd. INSIDE CITY
permit. Pages			tgomery					scus					LIMITS?
isi	FUNERAL	100. STREET AND NUMBER 26260 Purdum	Rd.				101	208					States
hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit, or removal.  The medical examiner must be notified at once.	B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2	ARMED		If yes, sp		an, Maxica	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) ly:	s or No—		American Indian, White, etc.
al or attend for use as		15. DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S				ina	16b. KIND OF BU	ISINESS/IND	USTRY	
spital or led for u	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT u	retired.) omema		or working	''9	Own	home		
by the hospit be detached at once.	COMPL	17. FATNER'S NAME (First, Middle, Linst) William E.	Johnson					18. MOT		AME (First, Middle, Maider rtrude C.			
5 should notified	BE	19a. INFORMANT'S NAME (Type/Print)	0014110011		19b. MAILIN	G ADDRES	S (Street a	and Numbe		Route Number, City or Tox		Code)	
s retained 5 should notified	5	Frank W. King								Damascus,			
age 6 may be director, page er must be		20e_METHOD OF DISPOSITION 1	novel from State	20b. PLA	CE AND DATE	OF DISPOS	SITION (Na	ame of		DATE 20c. LO	OCATION —	City or Town	
Page I direc		21. SIGNATURE OF FUNERAL SERVICE LIV	CENSEE		MG. VI			ND ADDRE		3/96 Da	amasc	us, M	la.
ter death. Pag the funeral di wal.		Dlin L.	Molesua	th		0	lin	L. M	foles	sworth, P. Rd. Damas		vid 2	0872
d in by th or remove medical		23. PART I. Enter the diseases, or shock, or heart fellure.	complications that c	eused the	deeth. Do								Approximate Intervel Batween
Pe ion		IMMEDIATE CAUSE (Final disease or condition	Roc	hire	tou	, 1	Per	hu	V Q				Onset and Death
ted within 24 completely fill ial, cremation event, the		resulting in desth)	DUE TO (OF	AS A CON	SEQUENCE (	F):	11	1	7	- /	)	_	1-4776
and com to burial, matic ev	Z	Sequentially list conditions,	o Cor	ag de	otw.	e	1+0	eu t	-	arlur			96
be cian or t	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OFE TO (OF	AS A CON	SEQUENCE (	OF):	Ar	Fly		Dusas	RSI		191
ertificating phygiene pother	Ė	CAUSE (Disease or Injury thet initieted events resulting in desth) LAST	DUE TO (OF	AS A CON	ISEQUENCE	OF):							
eath certi attending mal Hygie Y, or oth	SEH		d.				_						
requires that the death certificate een signed by the attending physical Health and Mental Hygiene pri shows any Injury, or other the	MEDICAL	PART II. Other eignificent condition	ns contributing to de	ath but n	ot resulting	in the u	nderiyin	g ceuse	given in	PERFO	RMED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
w requires that been signed bt. of Health a 3 shows an)	E	Hunar 1	msum	-						1 TYES	2000		OF DEATH?
w req been pt. of 3 she		DID TOBACCO USE CONT	RIBUTE TO CAUS	SE OF D	EATH Y	ES 🗆	NO E	UNC	CERTAI	N			
V: The law icate has t State Dept item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. P	LACE OF DE	_							
SIAN: intifical interests or ite	YSIG	1 TYES 2 TO NO	HOSPITAL:	R/Outpatlen	t 3 □ DOA	4 Nu		ne 5 🗆 R	asidence	6 Other (Specify)			
NG PHYSIC fter this ce eath with th	-	27. MANNER OF DEATH  1. Natural 5 Pending Investigation	28a. DATE OF IN. (Month, Day,		26b. TI	ME OF IJURY M	WC	JURY AT ORK? YES 2 [	□ NO	26d. DESCRIBE NOW	INJURY OC	CUREO	
CTOR: A after of 28 is	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY — A . (Specify)	t home, ferm,	street, lec	tory, offic	ce .		281. LOCATION (Street City or Town, State		or Rural Ro	ute Number,
RAL DIRECTOR / 72 hours	OMPLE	200	SICIAN: To the best of my										
HOSP FUNE Within	8		ER: On the basis of exam	matron and	III III III III III	юп, ил ту	opinion, (						
TO THE HOSPI TO THE FUNES be filed within	O BE	29b. SIGNATURE AND LITLE OF CERTIFIE	oul					-	02	-132			Month, Day, Year) 5, 1996

9815 Main St., Damascus, Md. 20872

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

96 05516

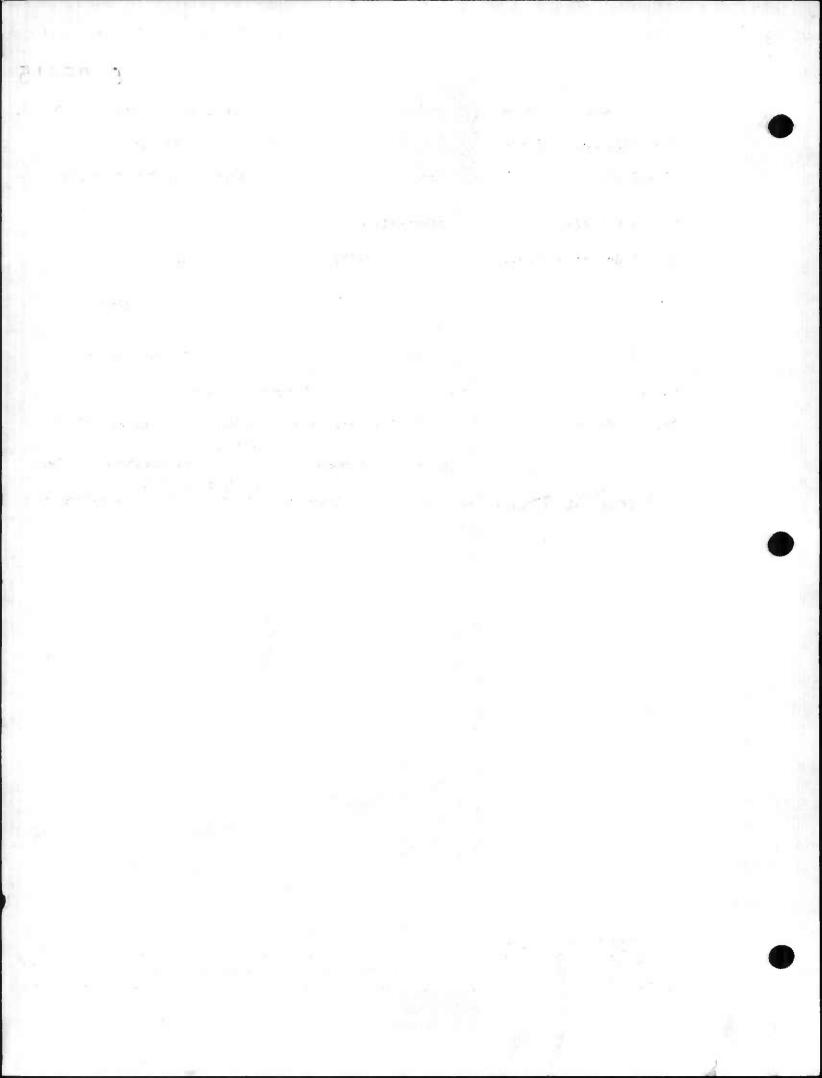
REG. NO.

alzen e

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

		A Paradonal Management			ertificate of	Death		leg. No.	95	1554
Physic	ian	Decedant's Nama (First, Middla, Las	1)				2. Dete of Dea Month	Day	Year	. Time of Deat
/Medi			Catherine	Koe			Februar	y 4	1996	6:50 A.
Exami	ner	4a. Fecility Nema (If not institution, give	street and number)			4b. City, Town, or L	ocation of Deeth	4c. County	y of Death	
		Frederick Memoria	1 Hospital		E	rederick		Frede	rick	
Funeral		Sociel Security Number     6. S		rs. last birthd	Monthe Dave	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day	Year)	9. Birthplace	(Stata or Fore
Director		579-38-8974	□M 2∏F	66 Yrs	. Morano Boyo	110010	August	31,192	Minne	sota
		Usuai Rasidance of Decedant		01						
T allow	_	10a. Stata 10b. County	10c.	City, Town o	r Location					Inside City Lin
- 6	cto	Maryland Frederic	.k W	alkers	ville					1 N Yas 2□
x 28	Director	10e. Street and Number			10f. Zip Coda			10g. Citizen of	Whet Country?	
18 da		8533 Inspiration	Ave.		21793		Ţ	SA		
"netural", or items 23a or 28a-f show solical Examiner must be notified at	Funeral	11. Maritai Status		1 U,S. 1	Wes Decedant of H     if Yas, specify Cuba	lispanic Origin? (Sp			ca - American I	ndlan,
2 2	Fu	1 Nevar Married 2 Marriad	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2 🖸 No				Ricen, atc.)		ick, Whita, atc.	
2.5	by	3 N Widowed 4 □ Divorced	If Yes, Give Yaar or Dates:		1 ☐ Yes 2 🖾 No	Specify:		Specif	White	
E I		15. Dacedant's Ed	ucation	16a. De	ecedant's Usuei Occup	ation			Businass/Indust	rv
- 26	Completed	(Specify only highast gra	de compiatad)	(G	ive kind of work dona a. DO NOT usa ratired	during most of work	ing			.,
then the	E	Elementary/Secondary (0-12)	Collaga (1-4or 5+)	Cash	ier			Grocer	y Store	
4 4 E		17. Father's Nama (First, Middla, Last)		Jabi		18. Mothar's Nam	- 1			
d d	Be C		14-1						·	
th and Menta 7 Is marked traumatic e	To	Maurice	Madsen			Bessie N			0-1	4-3
= = =		19a. informant's Name/Ralationship (7	ypa, rnnt)		alling Addrass (Streat					
m 27 her 1		Bradley Koenig			3 Inspirat					1793
2 to 2		20a. Mathod of Disposition 1 ☐ Burial 2 🏋 Cramation 3 ☐	Ramoval from State	cematary,	sposition (Nama of cramatory or othar place	ca) F	eb. 5	20c. Location	- City or Town,	Steta
nent:		4 □ Donetion 5 □ Other (Specify		agerst	own Cremat	orv 1	996	Hagerst	own, M	arylan
Department of Health a Important: if Item 27 is any injury or other tra once.		21. Signature of Funeral Sarvice Licen	Transaction of the Control of the Co		22. Nama and Addra		auffer F	uneral	Home	
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		23a. Part1. Enler the disaese, or comp shock, or heart failura. List only	plications that maked the di	noth Do not					100	proximate
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ysician and sa burial-tran		Sequentially list conditions, if any, leeding to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants	C	(or es e con	sequance of):				+	
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anding physician and usa as the buriel-tran	edicai	thet initiated evants	CDua to	(or es e con	sequance of):					
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DHMH 16 Rsv 6/95



	TO DE CONTRACTOR
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
or death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a claus after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146, B.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	<b>MENTAL HYGIENI</b>
CERTIFICATE OF DEATH	REG. NO.

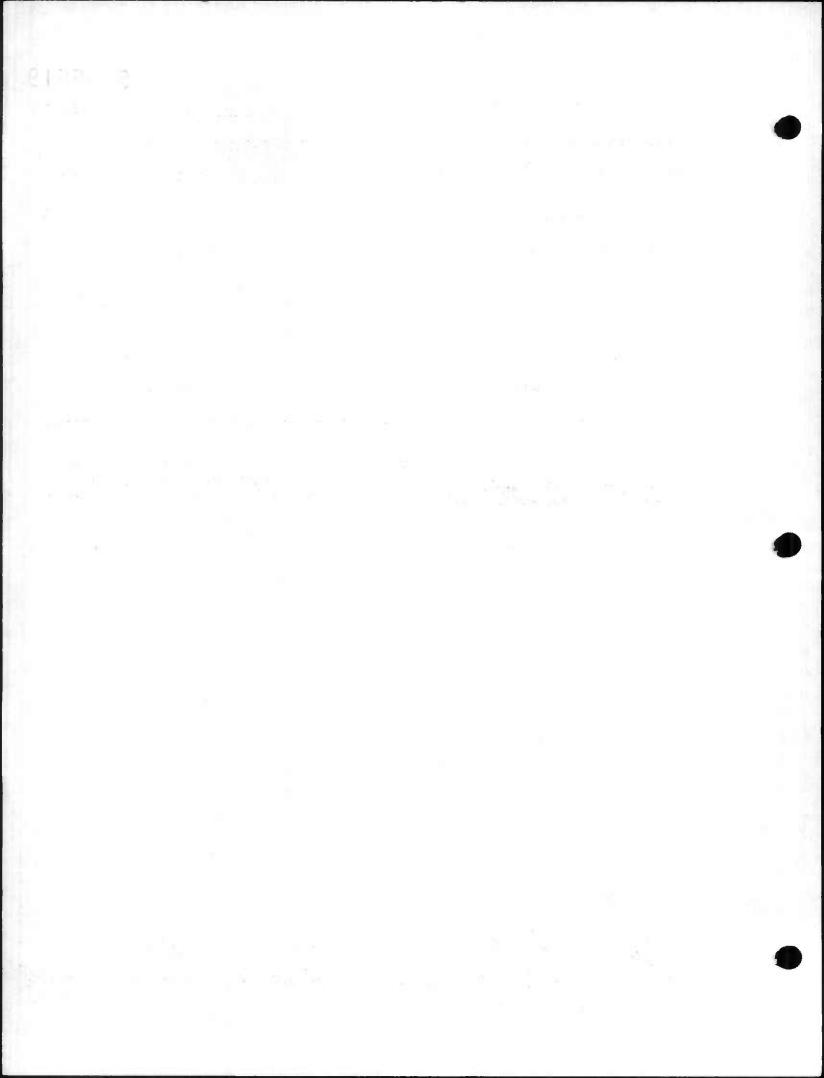
	FOR STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPARTME	NT OF H	EALTH AND I	MENTAI	L HYGIEN	E	90	) 00	) )		
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			TIME OF DEAT	Н		
1	ANTOIN	ETTE	V. KLEIN				Feb. 6.			R	1:05	Дм		
4	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1995	IRTHPLAC	CE (State or Fo			
	178-38-0706 9a. FACILITY NAME (If not institution, give:	1 M 2 F	100	YRS. MONTH		HOURS MIN.	11/	19/18	1895 Austria					
R														
DIRECTOR	Madonna Heritage RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY. TOWN O									Harford 10d. INSIDE CITY				
	Maryland E	yland Baltimore			Perry Hall						1 TYES 2 NO			
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE								10g. CITIZEN OF WHAT COUNTRY?					
NE	34 Bangert Avenue					21128 U.S					A			
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify ) If yes, specify Cuban, Maxican, Puarlo Rican, atc.)				Black, White, atc.			ın,		
BY	3 Widowed 4 Divorced	Widowed 4 □ Divorced   IF YES, GIVE WAR OR DATES   1 □ YE					Specify: Specify: Cau				sian			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	(GA	EDENT'S USUAL	ne durina ma	N st of working	16b.	KIND OF BUS	INESS/INDUSTI					
Z.	Elementary/Secondary (0-12)	College (1-4 or 5 +)	IIIo.	Do NOT use retire	/				TT					
N N	17. FATHER'S NAME (First, Middle, Last)			House	wile		ME (First I	Home (First, Middle, Meiden Surname)						
	Kasp	er	Holet	zka			uli			ani	er			
) BE	19a. INFORMANT'S NAME (Type/Print)				ESS (Street a	nd Number or Rural I	Poute Numl	ber, City or Town						
6	Mary K. Bobbi	n		san	e as	#10								
	20s. METHOD OF DISPOSITION  1 Devial 2 Cremetion 3 Rem	noval from State	other ple	00)		netery, crematory or			CATION — City					
İ	4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LI	CENSER	St. P			1 Cem.	OII ITW	Spi	ringfi	eld	. Pe	nna		
	Mr. Glad	den Ke	rtes	豇	Ku	rtz Fu	nera		_	d				
	23. PART I. Enter the diseases, or	complications that cr	nused/the des	ith. Do not en	ter the mo	de of dying, suc	h aa card	liec or respi	ratory arrest,		Approxim			
	IMMEDIATE CAUSE (Finel	ahock, or heart fellure. List only one cause on each line.  Interval Between IMMEDIATE CAUSE (Finel IMMEDIATE (Finel IMMEDIATE CAUSE (Fin												
	disease or condition resulting in death)  Due to (or as a consequence of):									)				
	DUE TO (OR AS A CONSEQUENCE OF):													
0	Sequentieily list conditions, if any, leading to immediate	Ь.	AS A CONSEC								- 6			
CAI	ceuse. Enter UNDERLYING CAUSE (Disease pr injury	c												
	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	UENCE OF):										
CERTIFICATION	Commission Commission	d												
AL	PART II. Other aignificent condition	ns contributing to de-	ath but not re	eauiting in the	underlying	cause given in	Part i.	24a. WAS AN PERFOR		246. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
							_	1 TYES 2		CON	APLETION OF O			
WE										1 🗆	YES 2	NO		
AZ	25. WAS CASE REFERRED TO MEDICAL													
SC	EXAMINER?	HOSPITAL:	2/0	OTH	ER:	ACE OF DEATH (Ch								
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJ	URY	28b. TIME OF	28c. INJ	5 Residence			NJURY OCCURE	IIBA OCCIBED				
ВУР	Netural 5 Pending	(Month, Day, )	rbar)	INJURY		WORK? 1 YES 2 NO								
	3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)						fice 281. LOCATION (Street and City or Town, State)			Number or Rural Boute Number,			
	20. CERTIFIED													
COMPLETED	(Check only	LERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.										tated.		
29b. SIGNATURE AND TITLE OF CERTIFIER														
BE	March									6.				
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE (	OF DEATH (ITEM	1 27) (Type, Print)										
	Mark Lamo		3334	Pape:	r Mi	Ll Road		Jac	ksonv	ill	e, Mo			
	31. DATE FILED (Month, Day, Year) FEB 13 1996	REDISTRANS	SIGNATURE	4										
- 11		( )		-										

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Certificate of		F	Reg. No.	055119
н	Physic	ian	Decedent's Neme (First, Middle, Las					2. Dete of Dee Month	th Dey Yeer	
	/Medi	cal		SUE KAPLAN			41. Oh . T 1	FEB.	12, 1996	3:50 PM
الر	Examir	ner	4e. Fecility Neme (If not Institution, give				4b. City, Town, or I		4c. County of Dec	
		-	1012 FOXCROFT  5. Sociel Security Number 6. Se		s lest hirt	hday) If Under 1 Yeer	WESTMI  If Under 24 Hrs.		CARROI	
	Funeral Director		212-46-5237   1   Usuel Residence of Decedent	Du XDr		frs. Months Deys		8. Dete of Birtl (Month, Day 4 / 18 / 1		irthplece (Stete or Foreign Country) ARYLAND
	anyland show		10a. Stete 10b. County	10c. 0	City, Town	or Location				10d. Inside City Limits
	Mar	ţò	MD CARROL	L W	ESTM	INSTER				1 ☐ Yes 2 ☐ No
	th with the 23a or 28	Funeral Director	10e. Street end Number 1012 FOXCROFT	CT.		10f. Zip Code	21157		USA.	country?
020	filed within 72 hours after death with the Maryland Hyglena. ther than "natural", or items 23a or 28a-f show int, the Medical Exercises must be notified at	by	11. Merital Stetus  1 Never Merrled  Merrled  3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes 2X No If Yes, Give Yeer or Detes:	U,S.	13. Wes Decedent of If Yes, specify Cut		pecify Yes or No- o Rican, etc.)	14. Rece - Am Bleck, Wh Specify: W	Ite, etc.
21215-0020	i within 72 hours liena r than "natural", the Med cal Exa	Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondery (0-12)	ucation de completed) College (1-4or 5+)	16a.	Decedent's Usual Occu (Give kind of work done life. DO NOT use retire		king	16b. Kind of Busines	
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Maryland	S a b	Be c	17. Fettiel's Neme (First, Middle, Last)	LAMAR	н	OY	MARY	ne (First, Middle,	PHILLTPS	
2	d 2 should but and Mente 7 Is marked traumatic even	ဥ	19e. Informent's Neme/Reletionship (7			Meiling Address (Stree		ırsi Route Numbe		
	755		BARRY KAPLAN	,,,,,,		12 FOXCRO				
Baltimore,	-156		20e. Method of Disposition	Removel from State	Place of cemeter	Disposition (Neme of y, cremetory or other pla	eca)	Dete	20c. Location - City of	r Town, Stete
	permit. Pages Department of Important: If it any Injury or once.		4 Donetion 5 Other (Specify	4 142	AKE	VIEW MEM.	PARK :	T DMOUDE	SYKESVIL FUNERAL	LE, MD.
Ba	Pen Impa		My Lam /	es threat	g .	254 E. M	AIN ST.	, WESTMI	NSTER, M	ID. 21157
	Physician		23a. Part1. Enter the disease, of communication of heart failure. List only of	Tations that day ed the de the cause on each line.	ath. Do n	ot enter the mode of dy	ing, such es cardied	or respiretory en	rest,	Approximate Interval Between Onset and Death
ķ	/Medical		fmmediete Ceuse (Finel	COP	D					Sugar
	Examiner		diseese or condition resulting in deeth)	0.		consequence of):				3460.3
-	<b>₽</b> ≅	Iner	_	h						
oʻ	tificata be executed g physician and as the buriel-transit	Examiner	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	Due to	(or es e c	onsequence of):				
68760,	ata be hysici the bu	edlcal	thet initiated events resulting in death) Lest	c. Due to	(or es a c	onsequence of):			1	
	E 0 6			d				1		
Box	death cert e attendin ed for usa	lan						,	,	
o.	0 0 0	Physician/N	Pert II. Other significant conditions co	ntributing to death but not re	esulting In	the underlying cause g	iven in Pert I.	1		te to the cause of death?
Δ.	es that i	by Pt						101	/es 2□No 3□	Probably 4 Unknown
Records,	s been s 2 should	Completed						24e. Wes a		. Were autopsy findings aveilable prior to completion of cause of death?
	The is ata ha paga	E				<b>.</b>		1 🗆 Y	es 2 No	1 ☐ Yes 2 ☑ No
Vital	- 40	Bec	25. Wes case referred to medical examiner?				26. Plece of Dee	eth (Check only o	19)	
of V	in Sign	10	1 ☐ Yes 2 ☐ No	Hospitel: 1 Inpatient 2	□ ER/Out	petient 3LI DUA		ome 5 Resid	enca 6 Other (Sp	ecify)
	tending Phy daath. tor: Aftar this	on:	27. Manper of Death 1 ☑ Neturel 5 ☐ Pending	28a. Dete of Injury (Month, Day Year)	28b. T	njury Wo		28d. Describe h	ow injury occurred	
Division	or Attending effar daath. Director: Affai I in by tha funa	Certification:	2 Accident 3 Suicide 4 Homicide  Investigation 6 Could not be determined	28e. Plece of Injury - At building, etc. (Spec	home, fer		]Yes 2□No	28f. Location (S City or Tow	itreet end Number or I n, Stete)	Rural Route Number,
	Hospital 14 hours Funeral taly filled	edical Co	29e. Certifier (Check only one) 1 Certifying Phy	relcian: To the best of my kr iner: On the basis of examinend menner steted.	nowledge, netion end	deeth occurred at the t Vor Investigation, In my	lme, dete end placa opinion, deeth occu	, end due to the or rred et the time, o	ause(s) end manner : lete end place, and du	as steted. ue to the cause(s)
	To the within 2 To the compia	M	29b. Signature and title of certifier	70 -0.			se number		29d. Date signed (Mor	
	F > F 0		1 noman /	fallotes		D2	6385		2/13/9	5 Smander MD 20157
			30. Name end eddress of person who c	empleted cause of deeth (Ite	em 23e) (	Type, Print)	Homb +	& Ken	Rep 111.	Amunder MO
	Sta	ite	31. Dete filed (Month Day, Year)	32. Registrer's Slo	nature	o and a	, ago	, an	uc. W	21157



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

96 05520	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		6 05520
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF OEATN	V VFA	3. TIME OF DEATN
		udtke				February 7	", 1996 <sup>"</sup>	10:15 PM M
- 1			MC	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIF	TTNPLACE (State or Foreign
	212 20 1141		8 YRS.	-3.5		Sept. 22,19		aryland
.	Se. FACILITY NAME (If not institution, give street		91		R LOCATION OF OE	ATN	9c. COUNTY OF	
5	Holy Cross Hosp	Ital		Silve	r Spring		Mont	gomery
	10e. STATE 10b. COUNTY			OWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Maryland Montg	omery	S	ilver S				12 YES 2 NO
E E	THE CANEED IN CONTROL OF THE CANEED			101.	20904			ed States
FUNERAL DIRECTOR	12121 Renick Lane	12. WAS DECEDENT EVER IN 1	U.S. ARMED	13. WAS DEC		IC ORIGIN? (Specify Yes		ACE American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES	2 X NO	If yes, spe		n, Puerto Ricen, atc.)	В	ack, White, etc.
À A	3 Widowed 4 Divorced							
	15. DECEDENT'S EDUCA (Specify only highest grade oc	ompleted)	(Give kind of work life. Do NOT use n	done during mos		16b. KIND OF BUS	SINESS/INDUSTRY	′
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemake	0.000		Δ+	Home	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		Homemake		18. MOTNER'S NA	ME (First, Middle, Maiden		
u I	Frederick Raybon				Mary B	arbara Mue	eller	
0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street e	nd Number or Rural F	Route Number, City or Tow	n, State, Zip Code)	100
-	William Ludtke					lver Sprin		
	20a. METNDD OF DISPOSITION  1 Buriel 2 Cremetion 3 Remov  4 Donation 5 Other (Specify)		PLACE AND DATE OF I	place)			CATION — City or	
	21. SIGNATURE OF THE RAL SERVICE JUCE		rklawn Mo		D ADDRESS OF FA		Rockvill	
	1 / / / / / / /	1				Funeral H		
	23. PART i. Enter the diseases, or so	mulcations that caused	the death Do not	1 11800	New Ham	pshire Ave	Silve	er Spring,MD
	ahock, or haert tellure. Li	st only one cause on ear	ch ilne.	entar tha mo	ua or clynig, such	r as cardiac or resp	ratory arrest,	interval Between
	iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	581	Tic S	1890	-			246
	reauting in death) • e.	OUE TO (OR AS A	CONSEQUENCE OF):	.0.10				5 17007
Z	Sequentially list conditions, b.	UNO	5-951	1				7 1145
A	If any, leading to immediate cause. Enter UNDERLYING	DUE TO JOR AS A C	ONSERVENCE OF):	22 25	, _			2 mind
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	200	3			
CERTIFICATION	resulting in death) LAST							
<u> </u>	PART ii. Other significant conditions	contributing to death bu	t not recuiting in	the underlying	ceuse given in	Part i. 24a. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
\ <u>\</u>	Theolde	s Melly	7 .	,		PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	BUTCH	usclarate-		OL.	1010	1 YES 2	U DING	OF DEATH?
	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAIL	v 🗆		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATN	(Check only one)				
ı X	1 VES 2 NO	1 Inpatient 2 ER/Outpa	tlent 3 DOA 4	☐ Nursing Nom		6 Dther (Specify)		
- 1	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	RK? /ES 2 NO	28d. DEŞCRIBE NOW	NJURY OCCURED	·
BY	2 Accident Investigation 3 Suicide 6 Could not be	280. PLACE OF INJURY	- At home, ferm, stre			26t, LOCATION (Street	end Number or Rui	ral Route Number,
TED	4 Nomicide determined	building, etc. (Specif	(V)			City or Town, State		THE COLUMN TO TH
COMPLE	290. CERTIFIER (Check only	IAN: To the best of my knowle	dge, death occurred	at the time, date	end plece, end due	to the ceuse(e) end me	nner ee atated.	
M O	1 V	On the basis of exemination						se(e) end menner ee stated.
w II	296. SIGNATURE AND TITLE OF CONTIFIER	Att	)		29c. LICENSE NUM	MBER	29d. DATE SIG	IED (Month, Day, Year)
0 8	Jen /	nets 10	m		010	4	12/0	1/96
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type_PI	Dr I	Dava H.	ikl, B	alleid	2 Mes ARIN
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNA	TURES	03 /	DOKUKIN	177(10	10-02	- in any
	EER 19 1006		n-Kardall					

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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DI	EPARTME TIFICA	NT OF H	EALTH AI	ND MEN	TAL HYGIEN		6	05521
	1. DECEDENT'S NAME (First, Middle, Last)			,				ATE OF DEATH	AY	YEAR 3.	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX   6. AGE		L	У		Ft	bruary.	10, 19	94	9:50 p
	231-17-4006	1 M 2X F 8	(In yrs. lest bir	YRS. MONT	DER 1 YEAR	HOURS M	m (A	NTE OF BIRTIH		Country)	ACE (State or Foreign
	9s. FACILITY NAME (If not institution, give	11	0	200	HWOT YTE	OR LOCATION		1y 2,19		V j	ietnam
5	Shady Grove Hosp				ockvi		OF DEATH			ntgon	
DIRECTOR	10a. STATE 10b. COUNT	Υ	10	Dc. CITY, TOV	N OR LOCAT	TION				10	Dd. INSIDE CITY
	Maryland Mont	gomery		Silv	er Sp	ring				×	LIMITS?
LONERAL	10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZ	EN OF WHA	AT COUNTRY?
	12805 Brandon					209	04		Un:	ited	States
2	11. MARITAL STATUS 1 Never Married 2 Merried 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES	2 XNO	2	If yes, sp	ENDENT OF H ecify Cuben, N 2 NO	lexicen, Pue	IGIN? (Specify Yer rto Rican, etc.)	or No-	Black, V	American Indian, White, atc.
	15, DECEDENT'S EDI (Specify only highest grad	JCATION a completed	16a. DECED	ENT'S USUA	L OCCUPATION	ON		16b. KIND OF BU	SINESS/INDU		Ciramebe
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	ind of work de NOT use retin	nd.)	st or working					
COMPL	8	0	Но	memak	er			At H			
- 1	17. FATHER'S NAME (First, Middle, Last)							st, Middle, Malden	Surname)		
	Minh Ly  19s. INFORMANT'S NAME (Type/Print)		405.44				inh T				
2	Mr. Tang Tong							lumber, City or Tow			D 00001
	204. METHOD OF DISPOSITION	200	. PLACE AND						r Spri		D 20904
	1 N Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	novel from State	ate o	f Hea	ce)	ille or		5-96 S			
	21. SIGNATURE OF FUNERAL BEHINGE LI		Jacc O		22. NAME AN	ID ADDRESS (	OF FACILITY				ng, MD
-0	· /1/5/							neral H			20904 pring,MD
	23. PART I. Enter the diseases, or abock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPS	ach line.	. Do not er	tar the mo	de of dying,	auch aa c	ardiac or reepi	ratory arre	at,	Approximata Interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
נַ וּ		d									
AL	PART II. Other significant condition		ut not resu	iting in the	underlying	ceuse give	n in Part i	24e. WAS AN			ERE AUTOPSY FINDINGS
3	ACUTE PANCE	EATITIS	Н	YPER	CIEN	51000		1 TYES 2		CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDIC	DIABETES M			OROMA	RY A	RIGRY	DNEA	30			YES 2 NO
	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH	YES [	] NO [	UNCER	TAIN 🗆				
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF	OTH							
2	1 YES 2 (NO	1 (Ninpatient 2 - ER/Outp		00A 4 🗆	Nursing Hom	s 5 🗌 Realde					
	1/2 Natural 5 Pending	(Month, Day, Year)	28	b. TIME OF	_	RK?		DESCRIBE HOW I	NJURY OCCU	RED	
5	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	- At home	form street		ES 2 NO					
	4 Homicide 8 Could not be determined	building, atc. (Spec	offy)	term, street,	actory, binci	•	261. [	OCATION (Street a lity or Town, State)	ina Number oi	r Hunii Houli	» Number,
		ICIAN: To the best of my know									nd menner as stated.
u II	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE					onth, Day, Year)
۱۱ ۵	Mr. M.					Œ.	3594	H -		BRUAR	
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27)	(Type, Print)						-13111	· ··, / 1 · · ·
	PURAN P. MAT	NUR M.D. #	401	50W . E	DMON	Kron	DR	ROCKVIL	LE MI	20	850
	31. DATE FILED (MONTE Cay, Der) 10	32. REGISTRAIRS SIGN	ATURE PLAN	Call		101		- T- T- T- T- T- T- T- T- T- T- T- T- T-			

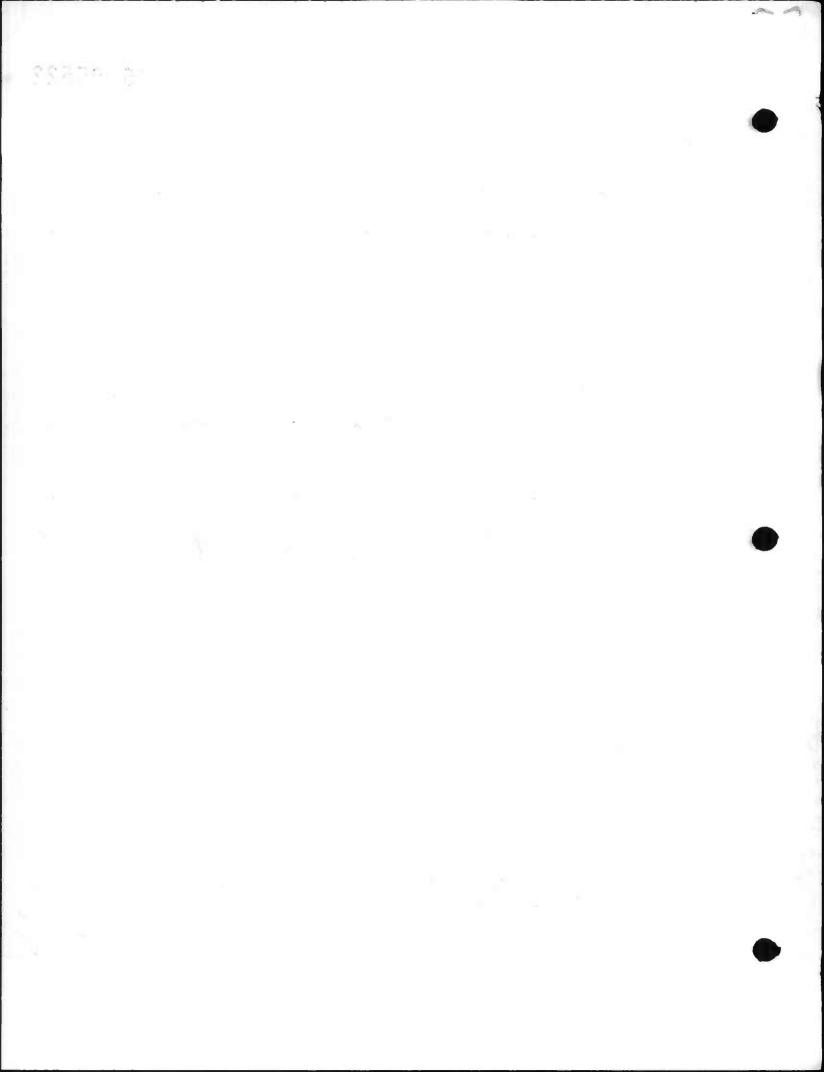
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the form the found of the complete of the complete of the found of the complete of the found of the complete of the com

FOR STATE STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RUFIC	CALEO	F DEATH		REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)	D1 de la la	<b>L</b> 1-		T		2. DATE OF	D/		YEAR	3. TIME OF DEAT	Н
		Elizabe			Lamme	ers	Febru	ary 4	1, 19	96	4:10	рм
	4. SOCIAL SECURITY NUMBER		VGE (In yrs. last t		IF UNDER 1 YEAR		7. DATE OF	BIRTN By Vand		a. BIRTH	PLACE (State or Fo	reign
	212 - 52 - 5632	1 🗌 M 2 🔀 F	80	YRS.	DATE	HOURS MIN,	Nov 3	0, 19	915	Mar	yland	
	9e. FACILITY NAME (If not institution, give st	treet and number)		1	b. CITY, TOW	N OR LOCATION OF D				NTY OF DE	EATH	
S.	Golden Oaks Nursi	ing Home			Laure	1			Prin	ice (	eorge	
ਹਿੱ	RESIDENCE OF DECEDENT								~ = 3.1		corge	-
DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d, INSIDE CITY	
۵	Maryland Princ	ce George		Lau	rel					- 1	1 YES 2 X	NO
AL	10e. STREET AND NUMBER					101, ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
8	11705 Laurel-Bowi	ie Road				20708			USA	4		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMI	ED	13. WAS D	ECENOENT OF HISPAI	NIC ORIGIN?	Specify Yes			- American India	n.
	1 Never Merried 2 Merried	FORCES? 1 1	P DATES	)		specify Cuben, Maxica ES 2 [X] NO Specif		en, etc.)		Black Specif	- American India, White, elc.	
BY	3 🔀 Widowed 4 🗌 Divorced				'''	Lo I (A No opecin	y.		- 1		White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECE	EDENT'S U	SUAL OCCUPA	TION	16b. K	ND OF BUS	SINESS/IND			
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	ive kind of work done during most of working Do NOT use retired.)				NATURAL BOOKS THE PROPERTY OF				
릴	Grade 4		Hou	sewi	fe		Ov	m Ho	me			
Ö	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA	OTNER'S NAME (First, Middle, Maiden Surname)					
	Joseph Hanus					Emma		,		ınkno	N. TO	
B	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DORESS (Street	et end Number or Rural	Bouta Number	City or Town			)WII	
임	Bernard F. Lammer					ge Barber					MD 210	25
	20a, METHOD OF DISPOSITION	.5	20b. PLACE AN				OATE		CATION -			30
	1 X Buriel 2 Cremation 3 Remo	oval from Stata	cemetery, cremi	atory or othe	r placel		1					
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	St. Ma	ry's		AND A CORESS OF FA	2/7	Lau	reI,	Mar	yland	
	1/1/2/11	7/11				ldson Fun		lome,	P.A.			
	Coll H. S.	and he	1cm		313	Talbott A	ve. La	urel	, Mar	vlan	d 20707	
	23. PART I. Enter the discussed or c shock, or heart talkine. I	omplications that cau	used the dest	th. Do not	enter the r	node of dying, suc	h as cardia	c or reapi	ratory arr	est,	Approxima	
	IMMEDIATE CAUSE (Final	List only one cause o	n each line.	4		1		1			interval Be	
	disease or condition resulting in death)	Ar	ite	N	uyo	cerdial	2 IV	ta	retu	14	10	1
	resulting in death)	DUE TO (OR	AS A CONSEQU	ENCE OF):			,	100	0/20	1	1	7—
z					•			•				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR	AS A CONSEOU	ENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury											
Ĕ	that initisted eventa	DUE TO (OR	AS A CONSEOU	ENCE OF):								
	resulting in death) LAST	í.										
	DARW II Oak as also Missas as a dist										1	
EDICAL	PART II. Other significant conditions	s contributing to deal	th but not res	sulting in	the underly	Ing cause given in	Part i. 24	e. WAS AN PERFOR			WERE AUTOPSY FII	
ă I							1	YES 2	SMO		COMPLETION OF CO	
¥								•		- 1	1 YES 2 N	ю
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE	OF DEATH	H YES	□ NO	UNCERTAIL	И□					
S I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE		(Check only on	6)						
Si	1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/	Oulpatient 3 -		Nursing He	oma 5 🗆 Reeldence	6 Other (S	(pecify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU		28b. TIME (	OF 28c. I	NJURY AT	28d. OESCR		NJURY OCC	URED		
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ar)	INJUR		YORK? YES 2 NO						
	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF INJ	URY — At home	e, lerm, atre	et, fectory, of	lice	281. LOCATI	ON (Street o	nd Number	or Rural Ri	oute Number	_
E I	4 Nomicide delermined	building, atc. (	Specify)				City or	own, State)				
COMPLETED	29a. CERTIFIER	MAN - W. W							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
를		CIAN: To the beat of my k										
8		a: On the basis of axamin	errors end/or Inv	watigation,	in my opinion	, death occured at the	time, date en	d placa, en	d due to the	E Ceuse(e)	and menner ee st	ated.
BE	290. SIGNATURE AND TITLE OF CENTURES	An Am	1 111	0		29c. LICENSE NUM	IBER .	_	29d. DATE	SIGNEO	(Month, Day, Year)	
6	10000	Julian	1 /01	1		1)24	194	2	1	eb	5 19	96
-	30. NAME AND ADONESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM :	27) (Type P	rint)	00:0	01		,	1	. 0	110
	WILLDOWY !	4 Con	1170	NI	40	0317	he	my	Ln	Lai	irel 1	M
	31. DATE FILEO (Month, Day, Year)  FFR 0 6 1996	32. REGISTRAR'S S	IGNATURE					1			207	07
		4 CO. W. 1970	ALA DIE FE	- 00							4	/



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

TIEMS: 23 PART 1, 27, 28a	f, State of Maryland / Department of Health and Mental Hy	
PER F.H.	State of Maryland / Department of Health and Mental Hy	/gien

	PI	:R-I	Н.		,	Cer	tificate of	Death	,	Reg. No.		0 10			
	Dhyclo	ion	1. Decedant's Nama (First, Middle, La	st)					2. Deta of De Month	aath		96 3	0552		
	Physici /Medi		JEROME	DENVER	LE	WIS			jan	09	199	96 1	L1:00 A		
r	Examir	ner	4a. Facility Name (If not institution, given 7405 GOODLAN						r Location of Deet		County of				
-		Н	7405 GOODLAN  5. Sociel Security Number 6. 9		a (In yrs. las	hidhdau)	if Undar 1 Yee	LANDOVI			RINCE		EORGES		
	Funeral Director			X M 2□ F	50	Yrs.	Months Days			ay, Year)	945	Country Virg	(State or Foreign Lynchburg inia		
	yland		10a. Stata 10b. County		10c. City, 1	own or Lo	cation					10d.	Insida City Limits		
	Mar Series	ctor	Maryland Prince (	George's	Lando	ver							1 ☐ Yes ZONo		
	filed within 72 hours after death with the Maryland thygiene. Idher than "natural", or liems 23a or 28a-f show ort, the Medical Examiner must be notited at	al Director	10e. Street end Number 7733 Oxman Road				10f. Zip Coda 2078.	5		Unit	Citizen of Whet Country? ited States America				
	r dea	Funeral	11. Maritei Stetus	12. Was Decedent I Armed Forcas?	er in U,S.	13. V	Vas Decedant of Yas, specify Cul	Hispanic Origin? ( ban, Maxican, Pus	Specify Yes or North Rican, atc.)	0-	14. Race -	American I White, etc.			
21215-0020	ours afte raft, or h	þ	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 ☒ N If Yas, Giva Yaar or Datas:	lo		1 ☐ Yes 2 █ No Specify:			Specific			ck		
5-	natu	Completed	15. Decedant's E (Specify only highast gra	ducation ade completed)	1	6a. Deced (Giva	ant's Usual Occu	ipation e during most of w ed)	orking	16b. Ki	ind of Busin	nass/Indust	ry		
12	withir ane. than	du	Elamantary/Secondary (0-12)	Collaga (1-4or 5	+)		ot Avai.	•		N	oc Ava	ailan	10		
9	be filed itel Hygi d other event,	Be Co	17. Fethar's Nama (First, Middla, Last,			14	ot Avai.		ama (First, Middle			allau	16		
lan	should be and Mentel I	To B	John Ramsey					Nellie	Lewis						
Maryland	s i and 2 should be filed I Health and Mentel Hygi Item 27 Is marked other other traumatic event,		19a. Informent's Neme/Ralationship (	Type, Pnint)		19b. Mailin	g Addrass (Stree	at and Number or I	Rurai Routa Numb	er, City o	r Town, Ste	ete, Zip Co	da)		
			Huie M. Parish					, Virgin	ia 2444	5					
altimore,	0 0 -		20a. Mathod of Disposition				sition (Nama of natory or other pla t Cemete		1/19 1996		Spri				
Balt	permit. Pege Depertment of Important: If any Injury or once.		4□Donation 5□Other (Specify)  Pinehurst Cemetery 1996  Hot Springs, Virginia  21. Signafure of Funarai Servica Licensee #M00690  MCLaughlin Funeral Home P.O. Box 1112, Hot Springs, Virginia 24445												
		Š	23a. Part1. Enter the disaasa, or com shock, or haart failura. List only	plications that caused ona causa on each lin	tha daath. I							. An	proximata arvai Batween		
	Physician											On	nset and Deeth		
	/Medical Examiner		Immediate Causa (Finel disease or condition rasulting in daeth)	a. Alcohol	lism a	nd En	vironme	ntal Hype	othermia			1			
	10.1	Jer			Due to (or es	s a consequ	uanca of):								
	icete be executed physician and s the buriel-transit	Examiner	Sequentially list conditions				-								
o,	e exection ar	Ex	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaasa or Injury c.												
68760,	ete b hysic the b	edical	that Initiated avants resulting In daeth) Last	c	Due to (or as	a consequ	uanca of):								
	5 00	5													
Box	death cer attendin d for use	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacco use contribute to the cause of cause										a anusa of death?		
0.	t the c by the teche	hys	rath. Other significant conditions o	onthibuting to death bu	it not rasumi	ig in the un	ideriyirig causa g	iven in Pant.			_		ly 4 Unknown		
	os tha	<b>by</b> Р											, , , , , , , , , , , , , , , , , , , ,		
Records,	lew requires that the de las been signed by the is 2 should be deteched	Completed							24e. Was perf	an eutop ormed?	psy 2	evallet	autopsy findings ble prior to etion of cause th?		
Ĭ	0 - 5	mo:							112	Yas 2	□ No	1 🗆 Ya	as 2 No		
Vital	iclan: The certificata rector, pag	Be (	25. Wes casa referred to medical axaminar?						aath (Check only	ona)					
0	Physic this co	10	1 No 2 No	Hospital: 1 Inpatla			SEI DOM		Homa 5□ Ras				CENE		
_	0 00	Certification:	27. Menner of Death  1 Natural 5 Panding	28a. Data of Injur (Month, Dey	Year) 28	b. Time of Injury Out Ind	28c. Inju	uryat ork? ]Yas 2∛∐ No	28d. Dascribe Subject	Unde	er In:	fluen	ce of		
DIVISION	deeth ctor: y the	ficat	2 Accident investigation 3 ☐ Sulcide 6 ☐ Could not b	L/9/90 FC					28f Location	Street an	d Number	or Rural Ro	o Blizzar		
2	after Dire	erti	4 ☐ Homlcida datarminad	Found Ir	. (Specify)		*		City or To	wn, Stata	7405	Good	land Driv		
	spita nours neral y fille		29e. Cartifier 1 Certifying Ph	vsicien: To the best o	f my knowle	dge daeth	occurred at the t	ima, data and plac	e, and dua to tha	causa(s)	and mann	er as stete	aryland d.		
	n 24 n 24 ne Fu	edicai	(Check only Medical Exan	ninar: On the basis of	axa <i>m</i> ination	and/or inv	astigetion, In my	opinion, daath occ	curred at tha tima,	data and	piace, and	d dua to the	ı causa(s)		
	To the Hospital or Attendin within 24 hours after deeth. To the Funeral Director: Aft completely filled in by the fun	Σ	29b. Signature and title of certifier	400	1	n		se number			te signed (/				
			P/ MUUM	/ HOU	ut	1/4/	A103	.M.E		JANU	IARY	10,	1996		
			30. Neibe end eddrass of person who MARIO F. GOLV	JTR.M.	P- 1/	111	Penn S	treet,	Baltim	ore,	Mar	ylan	nd 21201		
	Sta	-	31. Data filed (Month, Day, Year)	1000 32. Resietta	r's Signalura	or Rand	fall								
	Registr	ar	FEB 2 8	1996 Juli	11										

DHMH 16 Rev 6/95

FUNERAL-PLACED CAUSE OF DEATH ON CERTIFICATE HOME

MICRO-FILMED ON 2/28/96 Film G-732 t.t

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						ertificate of		•	Reg. No.	05524
п	Physici	ian	Decedent's Nama (First, Middla, Last,	1				2. Data of De Month		3. Time of Deeth
	/Medi		Carol lolit					FEBRUA	RY 9, 19	
	Examir	ner	4a. Facility Nama (If not institution, giva Harford Mem. H				4b. City, Town, or Havre d			
-			5. Social Security Number 6. Sec		s. last birthday					
	Funeral Director			M 2⊠F 74	Yrs.	Months Deys	Hours Min			Birthplaca (Stata or Foraign Country)  MD
	yland		10a. Stata 10b. County	10c. C	City, Town or L	ocation				10d. Insida City Limits
	Mer a	tor	MD Harford	l H	Havre	de Grac	е			1X Yas 2 □ No
	h with the 23a or 28 set be no	Funeral Director	10e. Street end Number 502 Legion Dr			10f. Zlp Code 2107	8		10g. Citizen of Wha	t Country?
020	permit. Pagas 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "naturel", or items 23a or 28a-f show saft follow or other traumatic event, the Modical Evarrings must be notified at once.	by Funer	11. Marital Status  1 □ Navar Merried 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Dacedant Evar in Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Give Year or Datas:	U,S. 13.	. Was Decedant of I If Yes, specify Cub 1 ☐ Yas 2 → No		Specify Yes or No to Rican, etc.)		Americen Indien, White, etc. Black
21215-0020	filed within 72 ho Hygiene. ther then "neture out, the Medical I	Completed by	15. Decedant's Edu (Spacify only highest grade Elamantary/Secondary (0-12)	cation e co <i>mplated)</i> Collega (1-4or 5+)	16a. Dec (Giv lifa.	edant's Usual Occu a kind of work dona DO NOT usa ratire	pation during most of wo ed)	orking	16b. Kind of Busin	
	Hygie ther ther		17. Fathar's Nama (First, Middla, Last)				18. Mothar's Ne	ma (First, Middla	Maiden Sumama)	
lan	id be ked o	To Be	William Merchar	nt				ice Cu		
Maryland	2 should be filed with and Mental Hygiene. Is marked other than raumatic event, the M	-	19a. Informant's Name/Ralationship (Ty	pe, Print)	19b. Mai	ling Addrass (Stree	t and Number or F	lu <i>ral Rou</i> ta Numb	er, City or Town, Sta	ita, Zip Code)
	and 2 aalth n 27 is		Colston Merchant					Washin	gton, D.	C 20021
Baltimore,	Pagas 1 nent of Ha nt: If iten iry or oth		20a. Mathod of Disposition  1 ☑ Buriai 2 ☐ Cremation 3 ☐ R  4 ☐ Donation 5 ☐ Othar (Specify)	amovaritom Stata		position (Nama of amatory or other places Cem.	ica)	Deta 2-15-96	20c. Location - City Havre d	y or Town, State le Grace, MD
Balti	pemit. Departmimporta		21. Signatura of Funeral Service License		É	22. Name end Address	ess of Facility	lome	Grace,	NIP
	_		23a. Fart1. Entar tha disaasa, or complishock, or heart feilura. List only or	ations that caused the de-						
	Physician /Medical Examiner	Je.	shock, or heart tellura. List only of Immediata Causa (Final disaasa or condition rasulting in daeth)	in Course on each line.	(or as a come					Approximata Intervel Batween Onset and Death
	uted d ansit	Examiner	Comments to the second	Due to	(05.00.0.000	2				
ó	an an	Exa	Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disasse or injury that initiated events	200 10	(or es a conse	squeriue orți				i
ox 68760,	certificata be axecuted ding physician and isa as the bunal-transit	<b>VMedical</b>	Cause (Disaase or injury that initiated events rasulting in death) Last		(or as a conse	equance of):				
Box	death cer attendin d for usa	Iclai	Part It. Other significant conditions con	stributing to death but not re	euiting lo the	underhylan anuae ai	von in Rod (	22h Did	tohanno una contri	bute to the cause of death?
P.O.	requires that the death cer een signed by the attendin hould be datached for usa	y Physician/N	Delydrotia	o God 1	02010	The Las	van in Part i.		/	□ Probably 4 □ Unknown
Records,		Completed by	anousta.	-	/			24a. Was	en eutopsy prmed?	24b. Wara autopsy findings evallable prior to completion of ceuse of death?
<u>=</u>	Tha ate h page	Con	/					10	Yas 2000	1 ☐ Yas 2 ☐ No
Vital	yaiclan: is cartific director,	Be	25. Was casa referred to medical axaminar?					eath (Check only	ona)	
to		. To	1 ☐ Yes 2 ☐ No Proceedings of the Proceedings of t		ER/Outpatie	ent 3LI DOA		1	dence 6 Other (	Specify)
Division of	Attending or death.	Certification:	1	28a. Data of Injury (Month, Day Year)	28b. Tima Injury	M 1	ork? ]Yas 2□No		how injury occurred	Dural Posite March as
Div	Ital or Aura efter rai Directiled in by		4 Homicide datermined	28a. Place of Injury - At building, atc. (Spec	noma, tarm, s	treet, factory, office		City or To	wn, Stata)	or Rural Route Number,
	To the Hospital or Attending Phy within 24 hours effer death. To the Funeral Director: After thi completaly filled in by the funeral	Aedical	(Check party 2   Medical Examir	sician: To tha best of my kn ner: On tha basis of axamin end mennar stated.	nowledga, dae nation and/or i	nvastigation, in my	opinion, daath occ	e, end due to the urred at tha tima,	data end place, and	dua to tha cause(s)
	5 ¥ 5 000	2	29b. Signature and title of certifier	_	\	29c. Lican	sa number		29d. Data signed (A	fonth, Day, Year)
			1 ough of	Des Us	J.	0/5	103		7/9/9	6
			30. Nilme and address of person who co	mplated causa of death (its	am 23e) (Type	Print)	MIDH 1	4.10 H	fare 1	6
	Sta	te	31. Date filed (Month, Day, Year)	A Provide A Sta	Blukarda	11,	MLDH N	ye. )	10 VIE DE	21 07 P

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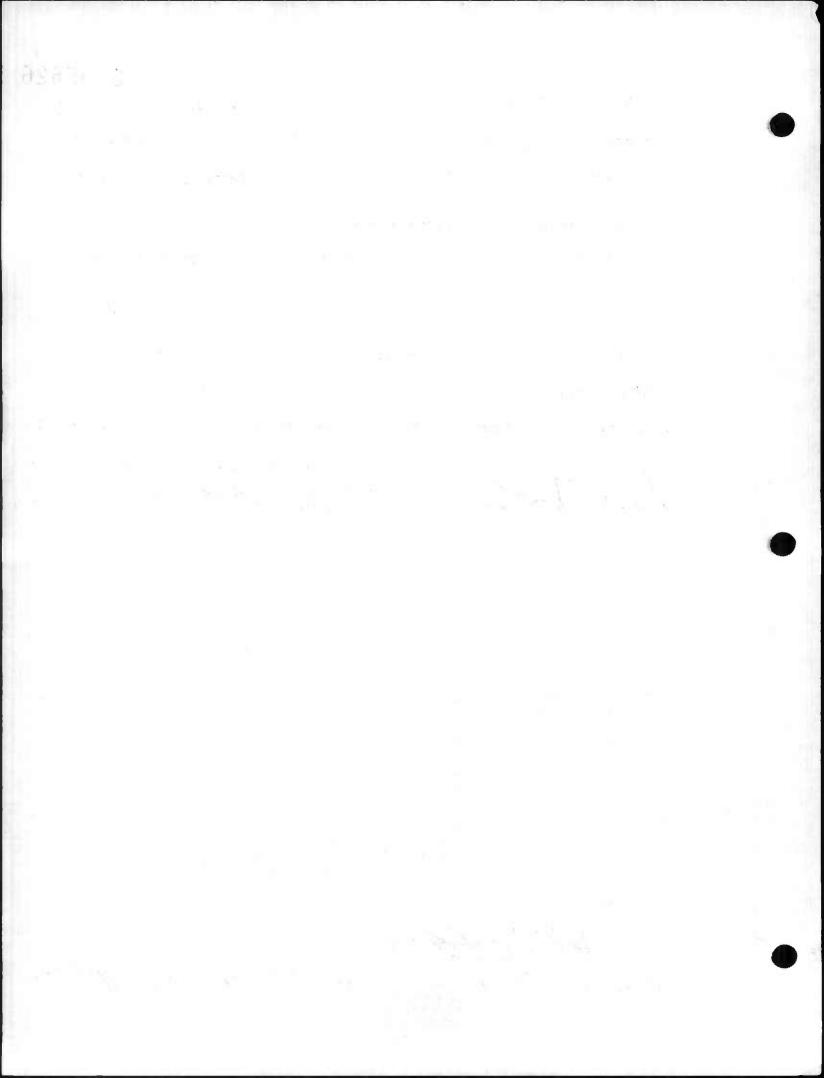
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	1 - FOR STATE REGISTRAR	STATE OF N					EALTH /		MENTAL HYGIEN		16	05525
	DECEDENT'S NAME (First, Middle, Last)	Yolandy	Maria	Met	tee				2. DATE OF DEATH MONTH	N 1996	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER t	VEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHP	LACE (State or Foreign
	579-44-7418	1 M 2 X F	71	YRS.	MORTHS	DAYS	HOURS		Feb. 5, 19	925		ngton D.C.
· ·	9a. FACILITY NAME (If not institution, give						OR LOCATION		ATH	9c, COUNTY OF DEATH		
OT:	Holy Cross Hospit	.aı			51	Tve	r Spr	ing		Mot	ntgom	ery
DIRECTOR	10a. STATE 10b. COUNT	гү		10c. CIT	Y, TOWN OF	LOCAT	ION		-			10d, INSIDE CITY LIMITS?
		tgomery			Wh	eat	on					1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 12116 Foley Stree	. 40				101	. ZIP CODE	902		10g. CITI		HAT COUNTRY?
JNE	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN II S. AI	MED	12 14	me oec			C ORIGIN? (Specify Ye		USA	
F	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	lf.	yes, spe	ecity Cuben,	Maxican	, Puerto Rican, etc.)	n or No		— American Indian, White, atc.
) BY	3 Widowed 4 Divorced							ороспу.			Specify	White
TEC	15. DECEDENT'S EDI (Specify only highest grad		(G	CEDENT'S Give kind of a Do NOT us	USUAL OCC	CUPATIO	ON st of working		16b. KIND OF BU	SINESS/IND	USTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 d	+}	mema	,						0	Tame
OM	17. FATHER'S NAME (First, Middle, Last)		110	mema	KEI		16. MOTHE	R'S NAM	IE (First, Middle, Melden	Sumame)	0	wn Home
BE COMPLETED	Michael Manilli						Paul			,		
то в	19a. INFORMANT'S NAME (Type/Print)						nd Number o	r Rural Ro	oute Number, City or Tow	n, State, Zip	Code)	
-	Jack Mettee		F	auli	ne Le	a						
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ran	noval from State	20b. PLACE cemetery, cre	AND DATE	OF DISPOSIT ther place)	rion/Na	me of	0	OATE 20c. LO	CATION —	City or Tow	g, Maryland
	4 Donation 5 Other (Specify)	ICENSEE	Gate	OI He	22. N	AME AN	ID ADDRESS	OF FAC	RITY			
	· m 1	671	2/		Fr	anc	is J.	Co1	llins Fune	ral I	lome,	Inc.
	23. PART I. Enter tha diaeasea, or	- Otalo	el	anth Do a					Blvd. W.			
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only ona cau	OR AS A CONSE		1			Α.	tion.	iratory arr	eat,	Approximate interval Between Onset and Daath
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
ER	resulting in death) LAST	d.	(OR AS A CONSE		F):							
	PART II. Other significant condition	dns contributing to	daath but not	reaulting	In the und				PERFOR	RMEO?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	PART II. Other significant condition	dns contributing to	death but not o	reaulting	In the und	10 🗆			PERFOR	RMEO?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d.  IRIBUTE TO CA	death but not a	ATH YE	In the und	O D	UNCE	RTAIN	PERFOR	RMEO?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CA  HOSPITAL: 1   Inputtent 2	USE OF DEA	ATH YECE OF OEAT	In the und  S  N  If (Check or  OTHER: 4 Nurselt  E OF 2	only one)	UNCE	RTAIN	PERFOR	RMEO?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	RIBUTE TO CA	USE OF DEA	ATH YECE OF OEAT	In the und	ng Home	UNCE	RTAIN	PERFOR	RMEO?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	RIBUTE TO CA  HOSPITAL: 1   Inputlent 2   L  28e. PLACE OF	USE OF DEA	TH YE	In the und	nly one) ing Home 88c. INJI WOI	UNCE  o 5 Real  URY AT  RK?  YES 2	RTAIN Idence 8	PERFOR	NJURY OCC	CURED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 1 Suicide 6 Could not be	TRIBUTE TO CA  HOSPITAL: 1   Inputent 2   1   28e. OATE OF (Month, D.)  28e. PLACE Or building,	death but not in the state of t	TH YE DOA DOA 26b. TIM INJ	In the und  SS N IN (Check or OTHER: 4 Nursh E OF 2 URY M street, factor	ing Homester Wood 1 1 Yeary, officer	UNCE  • 5   Rest	RTAIN dence 8	1 YES 2  Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)	NJURY OCC	CURED or Rural Ro	WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Tetural 5 Pending Investigation 3 Suicide 6 Could not be datermined  29a. CERTIFIER (Check only)	RIBUTE TO CA HOSPITAL: 1   Inputlent 2   28a. PLACE O building, SICIAN: To the best of an	death but not in the state of t	TH YE DOA DOA 26b. TIM INJ	In the und  SS N IN (Check or OTHER: 4 Nursh E OF 2 URY M street, factor	ing Homester Wood 1 1 Yeary, officer	UNCE  • 5   Rest	RTAIN  Idence 8  NO Indicate the time to t	PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  o the cause(a) and mailme, data and place, an	NJURY OCC	or Rural Ro	WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE 4 CERTIFIER	RIBUTE TO CA  HOSPITAL: 1 Inputlent 2 L  28e. PACE Of building,  SICIAN: To the beels of as	death but not a superior of the state of DEA superior of the state of	TH YECE OF OEAT  CE OF OEAT  COMMENT OF THE OEAT  C	In the und  In the und  In (Check or OTHER: 4   Nursin E OF URRY M	ing Homester Wood 1 1 Yeary, officer	UNCE  5 G Reshusty AT RK? ES 2 G  and place, a seth occured	RTAIN  Idence 8  NO  Ind due to d at the till  ISE NUMBER	PERFOR  1 YES 2  Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  o the cause(a) and mailme, data and place, an	NJURY OCC	or Rural Ro	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  ute Number,  and menner as stated.
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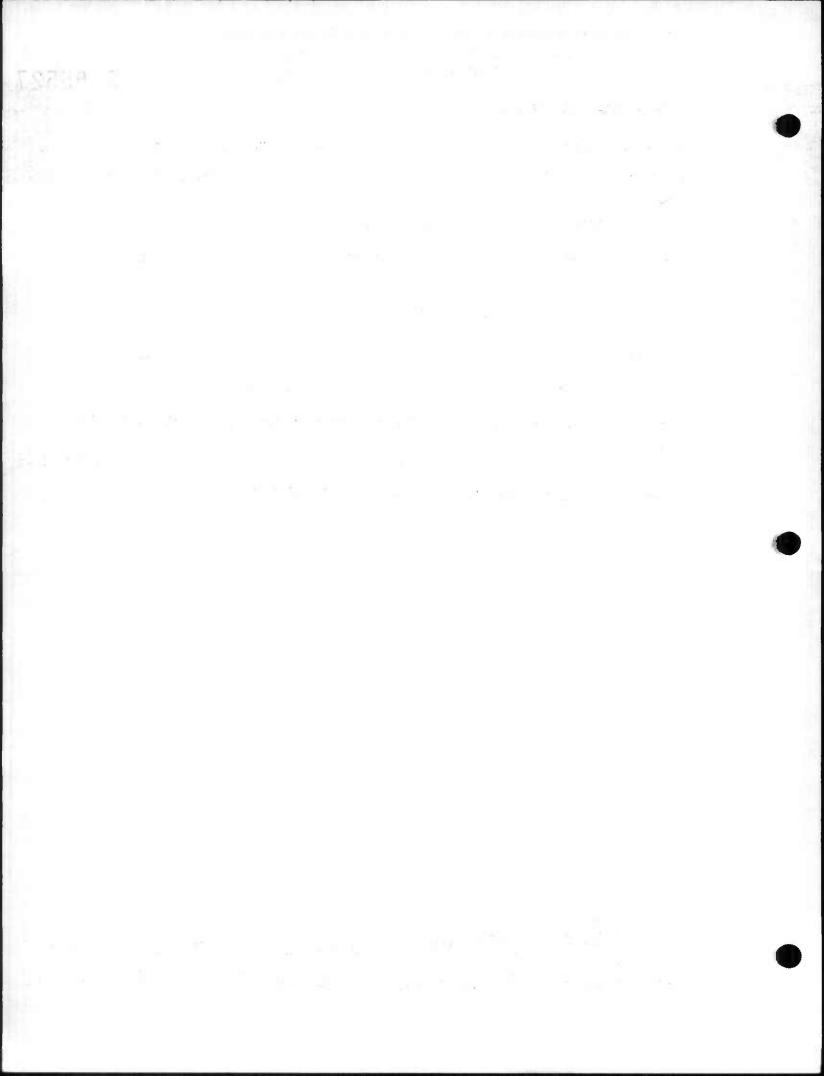
State of Maryland / Department of Health and Mental Hygiene

				Oldio of Wil	ar y larr		tificate of	Death		•	95	055	126
	Physic		Decedant's Name (First, Middle, Last     EVELYN M	st) INNICK					2. Data of De Month Feb. 7	ath	Yeer	3. Tima of 1:50	
Ì	/Medi Examii		4a. Facility Nama (If not institution, given Montgomery General		al			4b. City, Town, or Olney	Location of Deat		y of Deeth	ery	
	Funeral Director		224-32-7380	ax 7. Age	71	last birthday) Yrs.	If Under 1 Year Months Days		(Month, Da	th ly, Year) 3, 1924	9. Birthp Coun Virg	olace (State o otry) inia	or Foreign
	show a show	-	Usual Rasidance of Decedent  10e. State 10b. County			y, Town or Loc					1	0d. Inside Ci	
	Ne M	Director	Maryland Montgom	nery	Sil	lver Sp	T					MXYas	2 🗆 NO
	with the party	늄	10e. Street end Number				10f. Zip Coda			10g. Citizan of		,	
	98th	era	17041 Barn Ridge	Drive 12. Was Decedent 8	var in II	S 13 W	2090			United S	ce - Amaric		
020	s 1 and 2 should be filed within 72 hours efter deeth with the Meryland Health end Mental Hygiene. Item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral I	1 Nevar Married 2 Married 3 Widowed 4 Divorcad	Armed Forcas? 1 ☐ Yes 2 ☐XN If Yas, Giva Yaar or Dates:		lf.	Yas, specify Cub	Hispanic Origin? (S pan, Mexican, Puart Specify:	to Rican, atc.)	Bla Specif	ck, Whita,		
2-0	"naturel", edical Eval	ted	15. Decedant's Ed			16a. Dacede	nt's Usual Occu	pation	42	16b. Kind of B			
21215-0020	d within 7 jene. r than "r	Completed	(Specify only highast gra Elementary/Secondary (0-12) 6	Collega (1-4or 5	+)	Homem		during most of wor	rking	Home			
	othe vent,	Be C	17. Fathar's Nama (First, Middla, Last)					18. Mothar's Nar	ma (First, Middla	, Maidan Sumar	na)		
Maryland	Ment Ment prrked prrked	To	Adolphus Chewning	3				Eva Mar	ie Garn	er			
Jar	2 she end is me		19a. Informant's Name/Ralationship (7	Type, Pnnt)		19b. Meiling	Addrass (Stree	t and Number or Ru	ural Route Numb	er, City or Town	, Stata, Zip	Coda)	
	Health Health tem 27		William P. Minnio	k - Husbar	_			dge Drive				-	2090
Baltimore,	permit. Peges 1 and Depertment of Health Important: If item 27 any injury or other tr once.		20e. Mathod of Disposition 1   Buriel 2 □ Cramation 3 □	Removal from Stata	CE	ematery, creme	ition (Nama of etory or othar ple	1	Data	20c. Location			
Ħ	ortant ortant		4 Donation 5 Other (Specify 21. Signature of Funerel Service tien		Gat	te of H	eaven Co	emetery	2-10-96	Silver	Spri	ng, Ma	rylan
Ba	Deper Importanting			11		Hi	nes-Rina	aldi Fune					
	_	6	23a, Part1, Entar tha disaasa ar comp	plications that caused	tha daath	11	800 New	Hampshir	e Ave.,	Silver	Spri	ng, MD	
V	Physician		23a. Part1. Entar tha disaasa fr comp shock, or haart failura. List only	ona causa on aach lir	ia.			rigi odoli od odilala	or raspitatory s			Interval Bat Onsat and I	ween
1	/Medical Examiner		immediata Causa (Final disaase or condition rasulting in daath)	a	Cardiopulmonary Arrest								in.
	be si	Examiner				ras a consequ rdial ]	ence of): [nfarcti	.on				30 Mi	in.
50,	ificete be executed g physician and as the buriel-transit	I Exar	Sequentially list conditions, if any, leading to immadiate causa. Entar Underfying Causa (Disaasa or Injury	Arterio	Dua to (or es a consequance of): Arteriosclerotic Heart Disease							2 Mc	onths
κ 68760,	ortificate bing physic	Medical	that initiated evants resulting in death) Last	enca of):			1						
Box	attending	Physician/N		d									
o.	the a	ysic	Part II. Other significant conditions of	ontributing to death bu	t not rasu	ilting in the und	deriying causa gi	ivan in Part I. 23b. Did tobacco uss contribute to the ca				the cause (	of death?
<u>α</u>	that the ned by a detection	by Ph	Hypertension	n					10	Yes 2□ No	3 Prot	bably 4][	Unknown
Records,	e lew requires that the death cer hes been signed by the attendin ge 2 should be deteched for use	Completed b	Obesity						24a. Was perfo	an autopsy ormed?	eva	ara autopsy f aileble prior t mpletion of c death?	lo
E B	0 - 0	Com							10	Yes 2 No	10	Yes 2X	No
Vital		Be (	25. Was casa rafarred to medical axaminer?					28. Placa of Dea	ath (Check only	ona)			
of	Physician: this certific ral director,	ဥ	1 ☐ Yas 2X No	Hospital:		ER/Outpatient	3LI DOA		lome 5□ Rasi			v)	
no	0 6 2	ion	27. Manner of Death 1 ☐ Natural 5 ☐ Panding	28a. Date of Injur (Month, Day	Year)	28b. Time of Injury	28c. Inju Wo		28d. Dascribe	how injury occur	rred		
Division	Attending or death. ector: After by the fune	cat	2 ☐ Accidant Investigation 3 ☐ Suicide 6 ☐ Could not be		nu - At ho	mo form street		Yes 2 No			har		
Ο̈́	al or Attendin s after death. Il Director: Aft ed in by the fur	Certification:	4 Homicide determined	28a. Place of Inju building, atc	. (Specify	ne, iam, stree	et, lactory, office	office 28f. Locatton (Street and Number or Rural Route Number, City or Town, Stafa)					Der,
	To the Hospital or J within 24 hours after To the Funeral Dire completely filled in b	29a. Cartiflar (Check only one)  29a. Cartiflar (Check only one)  29a. Cartiflar (Check only one)  29a. Cartiflar (Check only one)  29a. Cartiflar (Check only one)  29a. Cartiflar (Check only one)  29a. Cartiflar (Check only one)							, and due to the irred et tha time,	cause(s) and m data and place,	annar as si and due to	ated. tha cause(s	1)
	To the Within 2 To the comple	Me	29b. Signature and title of certifier	n	/		29c. Licens	se number		29d. Deta signe	ed (Month,	Day, Year)	
			· See	LLX	8	187.	D11	-		2/9/9			
	17		30. Nama and address of person who co	completed causa of de	eath (Item	23a) (Type, P	rint)	Pools	Hill	21.	RoH	20	14
	Sta	te	31. Data filed (Month, Dey, Year)	32. Registra	r's Signat	tura	1000	1 0010	10/4/	11/1	16/4	EUN/	
	Registr	_	FFR 19 10	000 1	Ab. il	no Radal	V.						



# Piease Type or Print in Black indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					iryiaria / L	Certificate	of Death	vicinal Hy	Reg. No.	95	05527
	Physici	an	Decedent's Name (First, Middle, Last)					2. Date of D Month	Day	Yaar	3. Nine of Death
	/Medi		WILLIAM FRANCIS M	ISCHOU				Februa	ry 10,	1996	5:15 P.M.
S.	Examir	ner	4a. Facility Nama (If not Institution, give s	street and number)			4b. City, Town, or t	Location of Dea	th 4c. County	of Death	
L	-		8 Kerwood Court  5. Social Security Number 6. Sex		Marrier to a be to	thday) If Undar 1 \	Silver S			gomery	
	Funeral Director			XM 2□F	(In yrs. last bir 68		Pays Hours Min.	(Month, D	ay, Year)	9. Birthpli	aca (State or Foreign
			Usual Rasidance of Decedent		00			June 26	, 1927	Wash:	ington, D.C
	ylenc		10a. State 10b. County		10c. City, Town	or Location				10	Od. Inside City Limits
	a-f s	ctor	Maryland Montgomer	ry	Silver	Spring					1)∑ Yes 2 No
	or 28	Director	10e. Street and Number			10f. Zip Co	oda		10g. Citizen of V	What Count	ry?
	th w		8 Kerwood Court			2090	4		United :	States	S
	sep .	Funeral	11. Marital Status	12. Was Decedant E Armed Forces?	ver in U,S.	13. Was Deceden	t of Hispanic Orlgin? (S Cuban, Maxican, Puart	pecify Yes or N o Rican, etc.)	o- 14. Rac	e - Amarica	
20	or it	by Fu	1 Never Married 2 Married	1 □XYes 2 □ No If Yes, Give	0	1 Vac 2V			Specify		
21215-0020	should be filed within 72 hours efter death with the Marylend and Mentel Hygiena. I marked other than "natural", or items 23s or 28s-f show unrefic event, the Medical Exemine: must be necticed at		3 Widowed 4 Divorced	Year or Datas:1						Wh:	ite
5	n 72	Completed	15. Decedent's Educ (Specify only highest grade	completed)		Decedent's Usual O (Give kind of work of life, DO NOT use r	lone during most of wor	king	16b. Kind of Bu	usiness/ind	ustry
212	filed with Hygiena. ther than	mo mo	Elementery/Secondery (0-12)	College (1-4or 54		les	,		Automol	oile	
b	Hyg other	BeC	17. Father's Name (First, Middle, Last)		Du		18. Mother's Nam	ne (First, Middle	, Meiden Surnam		
/lar	Alente Alente Tred	ToB	Frank J. Mischou				Irene My	rers			
Maryland	d 2 should be filed within 72 hours efter death with the Maryler th and Mentel Hyglene. 7 is marked other than "natural", or items 23s or 28s-f show treumetic event, the Medical Examiner must be notified at		19a. Informant's Neme/Relationship (Typ	pe, Print)	19b	Meiling Address (S	treet and Number or Ru	ıral Route Numi	ber, City or Town,	State, Zip	Code)
_	1 end 2 Health a em 27 is		Fosca Anne Mischou	- Wife	8	Kerwood C	ourt, Silve	er Sprin	ng, Mary	land :	20904
Itimore,	of He		20a. Method of Disposition 1 □X Burial 2 □ Cremation 3 □ Re	am aval from State	20b. Placa of cemeter	Disposition (Name of crematory or other	of r place)	Date	20c. Location -	City or Tov	vn, Stata
Ē	Pages ment of I ant: If Ite ury or o		4 □ Donation 5 □ Other (Specify)	smoval nom State	Gate o	f Heaven	12	2-13-96	Silver	Spring	g, Maryland
Ball	permit. Pages 1 end Depertment of Health Important: If item 27 any injury or other to once.		21. Signatura of Funaral Service Licansa	18			ddress of Facility	2 77			
_	707 g d		Laine L	Phili	lyss		naldi Funer w Hampshire			Sprin	g. MD 20904
			23a. Part1 Enter the disease, or combine shock, or heart failure. List only on	cations that caused to e cause on each line	the death. Do r	not enter the mode o	f dying, such as cardiac	or respiratory	arrest,	,	Interval Between
	Physician /Medicai		Incompliants Course (Fig.)	111/5	0	2011 (1)	2 _			i	Onset and Deeth
	Examiner		Immediate Cause (Finel disease or condition resulting in death)	LIVE	10 1	PAILUI				1	
ď.		er			Due to (or es e	consequenca of):				į	
	d d sirisit	Examiner	S	·	luo to for an a	onsequença of);				i	
ó	law requires that the death certificate be executed as been signed by the attending physician end a should be detached for use as the bunel-trensit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury		700 (O) as a C	onsoquenca or,					
68760,	ite be iysicii	edical	Cause (Disease or Injury that initiated events resulting in deeth) Last	D	ua to (or as a c	onsequence of):					
	ntifica ng ph									İ	
Box	leath certific attending p	an	d							1	
0	the a	Physician/M	Part II. Other significant conditions cont	tributing to daath but	not resulting in	the underlying caus	e given in Part I.	23b. Dld	tobacco use con	ntribute to	the cause of death?
2	v requires that the de been signed by the is should be detached		RENAL F	AILUZ	=			1 🗆	Yes 22 No	3 Prob	ably 4 Unknown
ds,	signe d be	d by					-	040 14/0		24h Wei	re autopsy findings
Š	requ	ete						perf	s an autopsy ormed?	ava	ilabla prior to
Records,	has ge 2	Completed							- V		leath?
-	Physician: The lar r this cartificate has aral director, page 2	e Co	25. Was case referred to medical				00.51		Yes 2 No	10	Yes 2□ No
>	sicla	OB	examiner? .	ospital:	t 2 ER/Ou	tpatient 3 DOA	Other:		one) idenca 6 □Oth	ne /Canaih.	
ō	Phy or this arai o	-	27. Menner of Deeth	28e. Date of Injury	28b. T		Injury at Work?		how Injury occur		,
0	ath. r: Afte	atio	1 Naturel 5 Pending investigation	(Month, Day	rear) to	njury M	work? 1 ☐ Yes 2 ☐ No				
Division of	Afte er de ecto by th	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of Injur	y - At home, fa	rm, street, factory, of	fice	28f. Location	(Street and Numb	er or Rural	Route Number,
5	rs eft el Di	Ce		building, oto.	(Opeony)			ony or ro	orato,		
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: After this cartific, completely filled in by the funaral director.	edical	(Check only 2 Medical Examin	ician: To the best of	my knowledge	, death occurred at the	he time, date and placa my opinion, death occur	, and due to the	cause(s) end ma	nner as ste	ited. the cause(s)
	the I	Med	one)	and manner state	ed.						
	5 × 5 8		29b. Signatura and title of the signature and the signature and the signatu	w/	MD		cansa numbar		29d. Date signed		
	17						41662				0,1996
	10		30. Name and address of person who cor SAEED KILONFLI	mpleted cause of dec	eth (Item 23a) (	Type, Print)	AVENUE	-TAKO	MA PAR	214. 1	ND 20912
	Sta		31. Date filed (Month, Dey, Year)	32. Registrer	's Slonature		1100 -	1, 11	- 11 3 - 1 4 - 71	- /	
	Registr		FEB 13 19	96 Julia	Shoolson	Cardall					
DHI	MH 16 Rev 6/9!		1	0							



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				State of Mi	-	epartme Certifica			d Mental Hy	/giene Reg. No.	95	05528
п	Physici	ian	Decedent's Neme (First, Middle, Last	")					2. Dete of D	Dey	Yeer	3. Time of Death
)	/Medi Examir	cal	EVA ] 4e. Fecility Neme (If not institution, give	street end number)	MATLOW			4b. City, Town,	FEBRUA or Location of Dea	RY 4, 1		7:18 PM
			SUBURBAN HOSPITAL					BETHES			GOMERY	Z
	Funeral Director		377 20 3001	3	78 N	hday) If Und Month	ler 1 Yeer s Deys	Hours N	Hrs. 8. Dete of Bi Month, D 5/15/	rth av Year) 1917	9. Birthp Coun NEW	lace (Stete or Foreign YORK
	and		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Town	or Location					1	0d. Inside City Limits
	Mary 1 sho	tor	MARYLAND MONTGOM	ERY	ROCKVI	LLE					}	1 ☐ Yes 2√ No
	r 28a	frec	10e. Street end Number		11001111		Zip Code			10g. Citizen of	What Cour	itry?
	th wit	Funeral Director	10401 GROSVENOR PI	LACE, #10	10		20852			UNITED	STATI	ES
	r dea	Iner	11. Maritel Stetus	12. Wes Decedent Armed Forces?	Ever in U,S.	13. Wes Dec	cedent of F	lispenic Origin?	(Specify Yes or Nuerto Rican, etc.)	o- 14. Re	ece - Americ	
21215-0020	permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mentel Hygiene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.	þ	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ I If Yes, Give Yeer or Detes:	No		2 No	Specify:	Total in the start of the start	Spec		
5-0	72 h netui	Completed	15. Decedent's Edu (Specify only highest grad		16e.	Decedent's Us	vork done	during most of	working	16b. Kind of I		
121	vithin ne. han	mpt	Elementery/Secondery (0-12)	College (1-4or 5		life. DO NOT	use retire	d)	500	2000	0E DE	753.65
d 2	Hygie Hygie ther t		12 17. Fether's Neme (First, Middle, Last)			SECRET.	ARY	18 Mother's	Name (First, Middle	DEPT.		FENSE
Maryland	id be entel ked o	To Be	MEYER LOWENTH	ALL						LEFTOFF		
ary	shou and M s mar umat	-	19e. Informant's Neme/Relationship (7)	/pe, Print)	19b.	Melling Addre	ss (Street	end Number of	Rural Route Numi	ber, City or Town	n, Stete, Zip	Code)
	end 2 paith e		IRWIN MATLOW, HU	SBAND	10	401 GR	OSVEN	OR PL.,	#1010 R	OCKVILL	E, MD	20852
ore	of He		20e. Method of Disposition 1X Burlel 2 ☐ Connection 3 X F	Semovel from	20b. Plece of cemeters	Disposition (A y, cremetory o	leme of r other ple	ce)	Dete	20c. Location	- City or To	wn, Stete
tim	ment tent: I		4 ☐ Donetion 5 ☐ her (Specify)	_ //	KING D	AVID M	EM. G	ARDEN	2/7/96	FALLS	CHURCI	H, VIRGINIA
Baltimore,	Dependent Dependent Important In any In 2002.		21. Signature of Feneral Service Coens	the H	à.	DANZA	NSKY-		RG MEMORI		-	INC. 0852
			23a. Pert1. Enterthe disease, or cert poshock, or beart failure. List only o	icetions that ceused	the deeth. Do n	ot enter the m	ode of dyir	ng, such es cere	diac or respiretory	errest,	PID Z	Approximete Intervel Between
	Physician		/	110 00030 011 00011 11								Onset end Deeth
	/Medical Examiner		Immediete Ceuse (Finel disease or condition resulting in death)	CARDIA	C ARREST						1	5 MINUTES
	A 5	ē			Due to (or es e c	onsequence o	f):					
	d d ansit	n in	Securation in the test and distance	b. DIVERT.	ICULITIS  Due to (or es e c	onegguence o	6).					6 DAYS
ó	an en	Exa	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Due to (01 es e c	orisequerice o	1).					
68760,	icete be executed physician end s the buriel-transit	dical Examiner	Ceuse (Diseese or Injury thet initieted events resulting in deeth) Lest	C	Due to (or es e co	onsequenca o	f):				-	
		- W		d								
Box	death certifii e attending p ed for use as	Physician/M		J								
o.	0 0 %	yst	Pert II. Other significant conditions con			the underlying	ceuse giv	ren in Pert I.				the cause of death?
٥,	es that igned b be dete	by Pl	CHRONIC PULN	IONARY DIS	SEASE				_ 1	Yes 2∐ No	3 ☐ Proi	bably 4 📉 Unknown
Records,	requires that the een signed by th hould be deteche									s en eutopsy		ere eutopsy findings
900	20 00	Completed							- pen	ormed?	CO	eilable prior to mpletion of ceuse deeth?
	0 - 5	mo;							1 🗆	Yes 21 No	1 [	Yes 2 No
Vital	certificete rector, pag	Be	25. Wes cese referred to medical exeminer?					26. Plece of I	Deeth (Check only			
of V	Physician: this certific ral director,	으	1 ☐ Yes 2 💢 No	lospitel: 1 💢 Inpatie				4 LI NUISIN	g Home 5 ☐ Res			1)
	te fe	ion:	27. Menner of Deeth 1 XNaturel 5 ☐ Pending	28e. Dete of Inju (Month, De		jury	28c. Injur Wor		28d. Describe	how injury occu	urred	
Division		Certification:	2 Accident investigation 3 Suicide 6 Could not be	28e Place of Init	un. At home, for	M stroot fact		Yes 2□No	28f Location	(Street and Num	her of Rura	l Route Number,
Ω̈́	当年第三	ertif	4 ☐ HomicIde determined	building, etc	ury - At home, far c. <i>(Specify)</i>	ni, street, racti	ory, onice		City or To	wn, Stete)	iber or nura	r rioute ruitiber,
	29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signeture and title offcertifier (29b. Signeture and title offcertifier (29b. Signeture and title offcertifier (29c. License number)  29c. License number (29d. Date signed (Month, Date of the course))							eted. the cause(s)				
	29b. Signeture and title officertifier ( 29c. License number 29d. Date signed (Month, Dey, Year)								Dey, Year)			
	- 5 - 0		* Hurovil	7 MY			D37	295		FEBRUA		
	15		30. Name and address of person who co	-		Type, Print)						
	8		ALAN B. KRAVITZ,				E, BE	THESDA.	MD 208	17		
	Sta	te	31. Dete filed (Month, Day, Year)		er's Signature							

the burial-transit permit. Pages 1, 2, 3 should

u. examiner must be notified at once.	be new writin 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunta, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	8 ₹
il. eveminer must he motified at once	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or remoral.  IMPORTANT If Item 28 is marked or Item 23 shows any Injury or other trainmails event the marilies or	E De
e funeral director, page 5 should be detached for use as	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	2
death. Page 6 may be retained by the hospital or atten-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-rs hours after death. Page 6 may be retained by the hospital or atten-	10

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR ERTIF	ITMEN ICAT	T OF H E OF	EALTH DEAT	AND I	MENTAL	HYGIEN		95	05529
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	Maria	Mar	zullo						Febr	uary ]	AY 13.1	996	9:47 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)		R 1 YEAR	IF UNDER		7. DATE (	F BIRTH		8. BIRTH	PLACE (State or Foreign
	215-58-9816	1 M 2 X F	93	YRS.	MONTHS	DAYS	HOURE	MIN.		31,19	902	Ita	·_
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN OR LOCATION OF DE									
OR	Holy Cross Hospi	ital			Sil	lver	Spri	no			omerv		
DIRECTOR	RESIDENCE OF DECEDENT						6			omery			
2						OR LOCAT							10d. INSIDE CITY LIMITS?
		ntgomery		S	ilve	er Sp	ring						1 X YES 2 NO
₹.	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	627 Ritchie Avenu							209	10				USA
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN	(Specify Yes	or No-	14. RACE	- American Indian, White, etc.
BY	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE W					2 🔀 NO			outry story	- 1	Specif	ly:
	15. DECEDENT'S EDUCA	TION	40- 05	05051510									White
E	(Specify only highest grade of	ompleted)	(G	CEDENT'S ive kind of v Do NOT us	work done	during mo	en st of workin	g	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 d	'	omem						17			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Omem	akei		40. 44.000	10010		)wn Ho			
	Nicola Urciolo						200			iddle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)			****						Rosame			
임	Anthony J. Marzull	0								or, City or Tow			1 00010
	20e. METHOD OF DISPOSITION							, 51		_			and 20910
	1 XBuriel 2 Cremation 3 Remov	ral from Stata	20b. PLACE A cemetery, creation t	matory or of	ther place	SITION (Na	me of	0 / 1	OATE		CATION —		•
	Donation 5 Other (Specify)	NÆÐE 🔵	- Mount	OTIV						Was	hing	ton,	D.C.
	<b>&gt;</b> / 1000 1/	77/1		Francis J. Collins Fund						Fune	ral 1	Home	Inc
	L Wally (	10	a	500 University Blvd.W. Sil.Spr.MD 20901									
	23. PART I. Enter the diseases, or co	mplications the	coused the de	eth. Do n	not ente	r the mo	de of dyl	ng, auch	h ea cardi	ec or respl	ratory en	reat,	Approximate
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final												
	disease or condition												
	DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part 1.  24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?												
Σ	DID TODA COO LICE COA ITO				. —								1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL	BUIE IO CA					UNC	ERTAIN	1 🗆 📗				
Ö	EXAMINER?	HOSPITAL:		E OF DEAT	OTHE								
ΙλS	1 YES 2 NO 1	7	ER/Outpatient 3		-			sidence	S 🗌 Other				
	1 Natural 5 Pending	28a. DATE OF (Month, De		28b, TIMI	E OF URY	28c. INJI WO	PIC?		28d. DE\$0	RIBE HOW I	NJURY OCC	CUREO	
B	2 Accident Investigation				M		ES 2	NO					
	3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE O building,	F INJURY — At horate. (Specify)	me, farm, s	street, fac	tory, office	1		28f. LOCA City o	TION (Street a Town, State)	nd Number	or Rural Re	oute Number,
COMPLETED	290. CERTIFIER												
MP	(Check only												
ō I	2 MEDICAL EXAMINER:	On the basis of en	amination and/or in	nveatigatio	n, In my	opinion, d	with occur	d at the	time, date a	nd place, and	d due to th	e cause(a)	and manner as stated.
- 11	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Mopth, Day, Year)												
BE	290. SIGNATURE AND TILE OF CENTIFIER	// .	a de					T8			29d. DATI	SIGNED	(Month, Day, Year)

29c. LICENSE NUMBER

29d. DATE SIGNED (Mopth, Day, Year)

29d. DATE SIGNED (Mopth, Day, Year)

29d. DATE SIGNED (Mopth, Day, Year)

29d. DATE SIGNED (Mopth, Day, Year)

29d. DATE SIGNED (Mopth, Day, Year)

29d. DATE SIGNED (Mopth, Day, Year)

29d. DATE SIGNED (Mopth, Day, Year)

21/4/96

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

22. REGISTRAR'S SIGNATURE

29d. DATE SIGNED (Mopth, Day, Year)

27/4/96

29d. DATE SIGNED (Mopth, Day, Year)

27/4/96

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

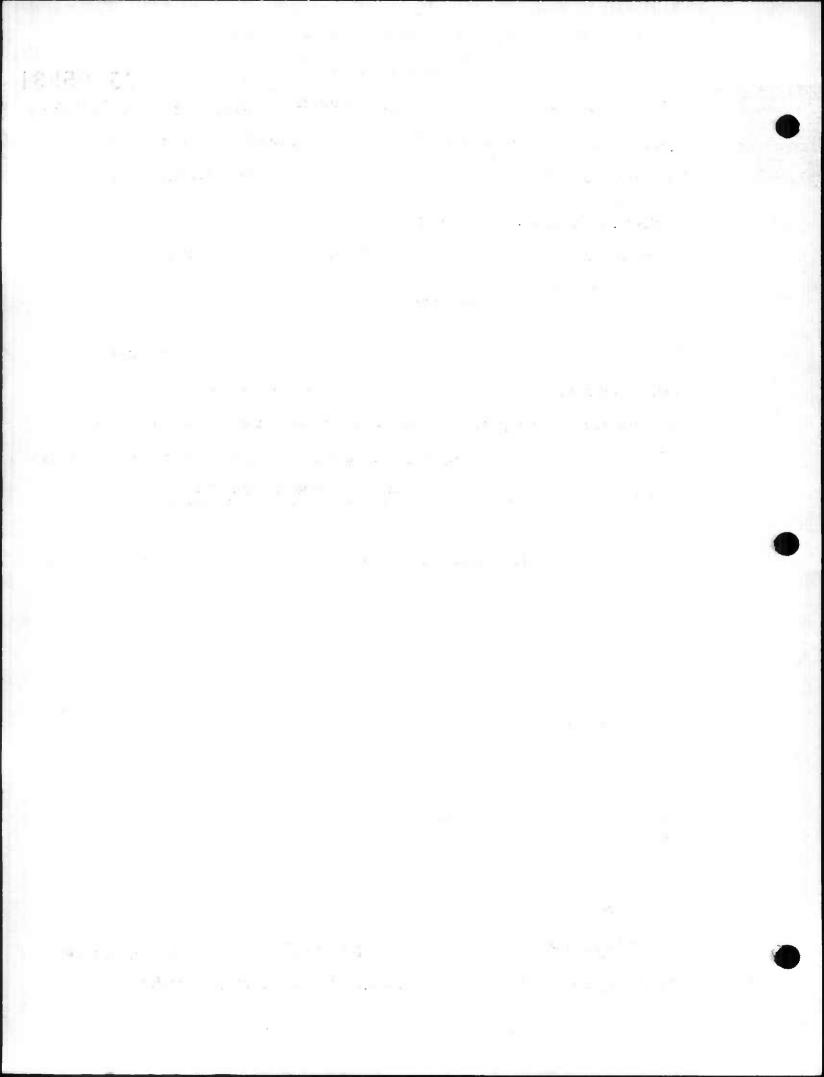
DIVISION OF VITAL RECORDS, P.O. BOX 60/01.  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within and hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dougs and Manual Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR				CERTIF	ICATE	OF	DEAT	Н		REG. N	O.			
DECEDENT'S NAME (First,		JAMES WES	SLEY M	ARSH					MON	E OF DEATH	DAY 11 1	YEAR 996	3. TIME	of DEATH
SOCIAL SECURITY NUMBER	ÉR	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER	DAYS	IF UNDER 2	MIN.		E OF BIRTH		8. BIRT	HPLACE (S	tate or Foreign
525-44-0235		1 X M 2   F	68	YRS.	MONTHS	DATS	HOUNS	mere.	Nov	. 22,	1927		Mexi	ico
. FACILITY NAME (If not ins	stitution, give s	street and number)			9b. CITY,	TOWN C	OR LOCATIO	N OF D	EATH		9c. COL	JNTY OF I	DEATH	
NATIONAL N	AVAL	MEDICAL (	ENTER			BE	THESD	A				MONT	GOME	RY
a. STATE	10b. COUNT	Υ		10c. CIT	TY, TOWN O	R LOCAT	TION							IDE CITY
aryland	Mo	ontgomery	7				tomac							S 2 X NO
. STREET AND NUMBER						101	. ZIP CODE	- 4					WHAT COL	
208 Lochinv	er La			20112472-0	-		208						Stat	
MARITAL STATUS Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	□ NO	H H	yes, sp	ecify Cuben	, Maxica	n, Puerle	IN? (Specify ) Rican, etc.)	es or No-	Blac	ck, White,	ican Indian, rtc.
☐ Widowed 4 ☐ Divor		1950-19		3	1	YES	5 XNO	Specif	y:			Spe		nite
15. DEC	EDENT'S EDU	CATION	18:	o. DECEDENT'S	USUAL OC	CUPATK	DN		10	b. KIND OF E	USINESS/IN	DUSTRY		
(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5	1)	(Give kind of Ille. Do NOT u		luring mo	st of working	7	τ	nited	State	es		
_	,	5+		Off	icer					1	Marin	e Co	rps	
FATHER'S NAME (First, Mi	iddle, Last)						16. MOTH	ER'S NA	ME (First	, Middle, Maid	on Surname)			
Harry	L. Ma	rsh					Dor	oth	y Vo	n Bur	kenst	adt		
. INFORMANT'S NAME (7)	ype/Print)									mber, City or 1				
orothy H. M	larsh			8208	Lochi	nve	r Lan	e,	Poto	mac, l	Maryl.	and	2085	54
Burlel 2XXCremetlo	ION	owal trom State	20b.PL	ACE AND DATE	OF DISPOSI	HON (N	rijarv	13	. 19	₹6 20c.	OCATION -	- City or T	own, State	
Donation 6 Other		toval troill otere	Cometer	y, crematury or c	otrier place)		Lucia	- 7	,	Pa	Jan 7	- M	arul:	han
Muche	L SERVICE LI	- Kull	à		22. HO 48 Wi	me/	orium ND ADDRES Bethe nsin	s of Fa sda Ave	-Che	Robert vy Cha Bethes	ase, da, M	umph Inc. D 20	rey 1 , 755 814-	Tunera] 57 3501
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DHMH-16 Rev 1/89

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Otate of Ivie	ai y iai k		ficate of	f Death	Wiemanny	Reg. No.	05 05501
	Physic	an	1. Decedent's Nama (First, Middle, Last CHARLES U			M	c DAN	115/	2. Data of De Month	Day	Year 3. Time of Bealm
3	/Medi		4a. Facility Nama (If not institution, give						Februari Location of Deat		196 10:10 Am
7	Examir	ıer	Jamel Region			1300	en la	Fau	- 0		George's
-	Funeral		5. Social Security Number 6. S	ax . Age			If Undar 1 Yas	r If Under 24 Hr	s. 8. Data of Bi		Birthplace (Stata or Foreign Country)
	Director		359 - 24-2539	MM 2□F	53	Yrs.	Months Day	s Hours Mir	Nov 10	,1932	Illinois
	pue *		Usual Rasidance of Decedant  10a. Stata 10b. County		10c City	, Town or Local	tion				10d. Inside City Limits
	h the Marylend r 28a-f show	or	Maryland Prince G	00200	Lau						1 ☐ Yas 2 ☐ No
	the 1	rect	10e. Street and Number	eorge	Lau	rei	10f. Zip Coda	7		10g. Citizan of V	Vhat Country?
	death with the Marylend ms 23a or 28a-f show	Funeral Director	822 8th Street				2070	7		USA	
	items ?	ner	11. Maritai Status	12. Was Dacedant I Armed Forcas?	Evar in U,S	5. 13. Wa	s Decedant of	Hispanic Origin? (	(Specify Yas or No	14. Raci	e - Amarican Indian, k, Whita, atc.
20	permit. Peges 1 and 2 should be filed within 72 hours effer des Department of Health and Mentel Hygiane. Important: If item 27 is marked other than "natural", or items any injury or other traumatic event, tra Medical Examing in Once.		1 Navar Marriad 2 Married	1 X Yas 2 N		4.5	Yas 2XN		into ritoani, atto.)		
00	hour lural',	d by	3 Widowad 4 Divorced	Yaar or Datas:1	.950		Ma Havel Over	- Late L			White
15	in 72 h	Completed	15. Decedant's Ed (Spacify only highast gra	da complated)		(Giva kir	nt's Usual Occ nd of work don NOT usa retii	a during most of w	orking	16b. Kind of Bu	sinass/Industry
212	d withii	omo	Elamantary/Secondary (0-12) Grade 12	Collega (1-4or 5	+)	Soldie	r			U.S. A	Army
pu	el Hy I othe	Be C	17. Fathar's Nama (First, Middla, Last)					18. Mothar's Na	ama (First, Middle	, Maidan Sumam	a)
Maryland 21215-0020	ges 1 end 2 should be filed tof Health end Mentel Hyg If item 27 is marked othe or other traumatic event,	To	Azariah McDaniel					Selena	Gwaltney	7	
Mar	d 2 sh h end h end l' ie m iraum		19a. Informant's Name/Ralationship (1					at and Number or I			
	1 end Healt em 27		Terri McDaniel  20a. Mathod of Disposition	Daughter	_			ry Way, I	Data		City or Town, Stata
nor	eges ant of t: If it y or o		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify			aca ot Dispositi matary, crama: Veterar			2/22		ham, Maryland
Baltimore,	permit. Pe Departmen Important: eny injury		21. Signature of Funaral Sarvice Lican		/ LID			rass of Facility	2/22	Chercen	man, naryiana
m	Depariment Deparement Important Information Informatio	7 1	11/1/16	111		Don	aldson	Funeral			20707
	PARTY IN		23a. Part1. Entar the disease, or composhock, or haart tailure. List only	olications that causad	tha daath.	. Do not antar	Talbo tha moda of d	tt Ave. I ying, such as cardi	ac or raspiratory a	laryland	Approximata
	Physician		SHOCK, OF HARM GENERAL. LIST OTHY	ona causa on aach iir	ia.						Intarval Batween Onset and Death
	/Medicai Examiner		tmmediata Causa (Final disaasa or condition	a. MYOCA	RDIA	VL //	JFARC'	TION			seconds
	ZAGIIIIII	70	rasulting in daath)			as a consequa					
7	uted 1 Insit	Examiner		b. ————			·				
ó	exection and endingles	Exa	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants		DUB to (or	as a consequa	nce ot):				
68760,	ificate be executed g physician end as the bunal-transit	edicai	Causa (Disaasa or injury that initiated avants rasulting in daath) Last	C	Dua to (or	as a consequa	nca ot):				
	E 00 6			d							
Вох	death certifi e attending   od for use as	Physician/M		Q.							
P.O.	0 0 2	ysic	Part II. Other significant conditions co	ontributing to death bu	ıt not rasul	Iting in the unde	arlying causa o	givan in Part I.			ntributa to the cause of death?
	requires thet the	by Pr	hyperetension						_   1□	Yes 2□ No	3 ☐ Probably 4 ☐ Unknown
of Vital Records,	quires n sign	q pa	d I						24a. Was	an autopsy	24b. Wara autopsy findings
000	> 11 0	Completed							реп	ormad?	available prior to complation of cause of death?
R	The la ate ha	mo.							10	Yas 200 No	1 Yas 2 No
/ita		Be	25. Was casa ratarrad to medical axaminar?					26. Placa of De	eath (Check only	ona)	
of	5 00	2	1 XYas 2□ No	Hospital: 1 Inpatia			3LI DOA		Homa 5 ☐ Ras		
n C	ling P	ion:	27. Mannar ot Death 1 XNatural 5 ☐ Panding	28a. Data of Injur (Month, Day	Yaar)	28b. Tima of Injury	28c. Inj W		28d. Dascribe	how injury occurr	ed
Division	death ctor: y the	ficat	2 Accidant invastigation 3 Suicida 6 Could not be		ırv - At hor	ma, tarm, straat		Yas 2 No	28t. Location (	Straat and Numb	er or Rural Routa Number,
<u>S</u>	or A effer Dire	Certification:	4 Homicida datarminad	building, atc	. (Spacify)	)	, tautory, onto			wn, Stata)	
	To the Heapital or Attending Ph within 24 hours efter death. To the Funeral Director: After thi completely filled in by the funeral		29a. Cartifiar 1 Certifying Phy	sician: To the best o	t my know	riedga, daath oo	ocurred at tha	tima, data and place	ce, and dua to tha	causa(s) and ma	nner as stated.
	the Ho in 24 the Fu	Medical	one) 25 Medical Exam	and mannar sta	axamination tad.	on and/or invas	tigation, in my	opinion, daath occ	curred at tha tima,	data and place, a	and dua to tha causa(s)
	Vit To I										i (Month, Day, Year)
							925	5 February 18, 1996 resde, Md 20814			
+	1		30. Nama and addrass of person who of J. BERGER # 205				nt)	Bo Tros D.	m_o	22814	
	Sta		31. Data tiled (Month, Day, Year)	32. Registra			الله ا	مران دیده درو	- 11100		
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunk-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND M	ENTAL HYGIEN REG. NO.		96	0553
	1. DECEDENT'S NAME (First, Middle, Last)		Mo	rr15	**	DATE OF OEATH MONTH DATE MONTH DATE DATE DATE DATE DATE DATE DATE DATE		EAR 3. TH	ME OF DEATH
	4. SOCIAL SECURITY NUMBER   4.31 - 92 - 7514	5. SEX 6. AGE (	'In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day Year)	100	Country)	E (State or Foreign
	9e. FACILITY NAME (If not institution, give stre		±	9b. CITY, TOWN (	OR LOCATION OF DEAT	Mar 02, 19	9c. COUNTY	Arkans	sas
TOR	Southern Maryland	Hospital		Clinto	n		Princ	ce Geo	rge
DIRECTOR	Michigan Wayne			y, town or locat	IDN			250	INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			100	. ZIP CODE	-	10g. CITIZEI	N OF WHAT	
FUNERAL	14427 Benteler			4	8223		USA		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER HE FORCES? 1 YES	2 XNO	II yes, sp	ENDENT OF HISPANIC ecity Cuben, Mexican, 2 X NO Specify:	ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No 14	Specify:	
9	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	18a. DECEDENT'S	USUAL OCCUPATION	ON set of working	16b. KIND OF BU	SINESS/INDUS		CA
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 Years	Manager	te retired.)	st of working	Amerite	ech		
NO.	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S NAME	(First, Middle, Maiden			
BE C	John Henry Andrews	3			Willie	Mae Davis	3		
5	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural Ro				
	Denise McCullough			radley		nesboro,			
	1 Burlet 2 Cremetion 3 XRemo 4 Donalion 5 Other (Specify)		netery cremetory or o				esboro		
	21. SIGNATURE OF FUNEBAL SERVICE LICE	011		Donal	nd address of facilidation Fune dalbott Av	ral Home,		/land	20707
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (DR AS /	A CONSEDUENCE D	F):					
ERTI	resulting in death) LAST	J							
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NA I	25. WAS CASE REFERRED TO MEDICAL		26. PLACE DF DEA						
YSIC	1. TES 2   ND	HOSPITAL: 1 ☐ Inputient 2 ☐ ER/Out	petient 3 🗆 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Residence 8	Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE DF INJURY (Month, Day, Year)	28b. TIN	JURY W	DURY AT DRK? YES 2 NO	28d. OESCRIBE HOW	INJURY OCCU	RED	
9	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, cify)	atreet, factory, offic	on .	281, LOCATION (Street City or Town, State)		Rural Route I	Number,
COMPLET	ana)	CIAN: To the best of my know R: On the bests of exemination							manner se stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	0 /.			294 LICENSE NUME	ER	294 DATE S	SIGNED (Mont	th, Day, Year)
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1 - FOR STATE REGISTRAR

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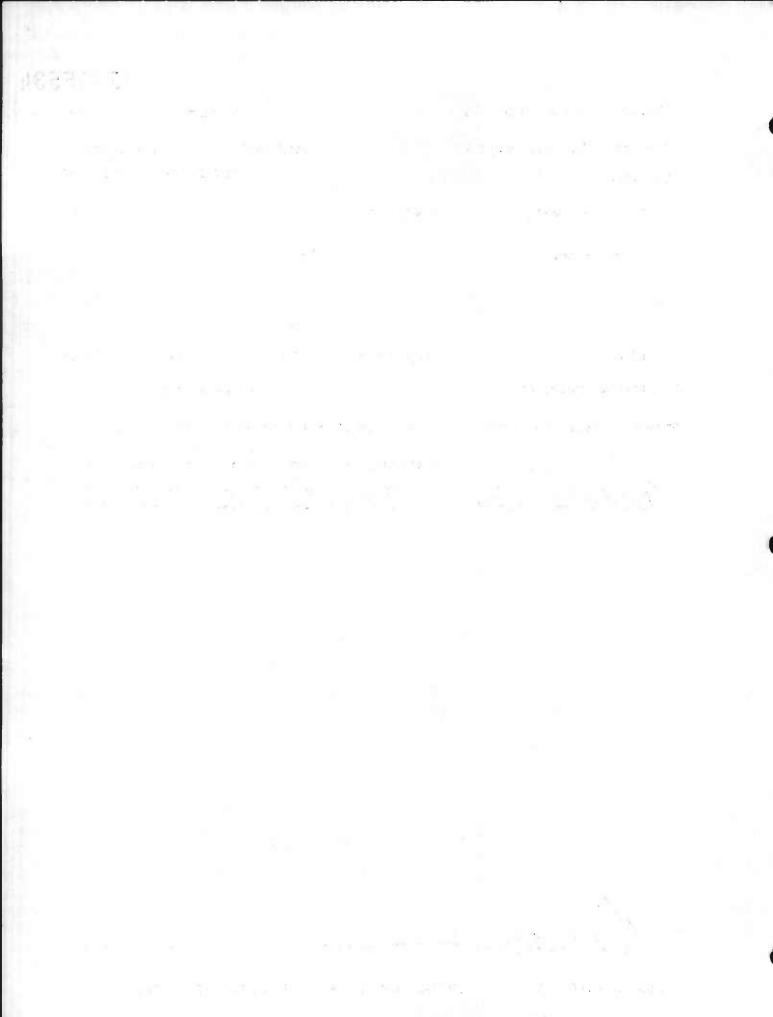
			1. DECEDENT'S NAME (First, Middle, Lest)  Mary Mangurian  2. DATE OF OEATH POWNTH FEBRUARY 8, 1996 12:00 p										) <sub>M</sub>				
70			021 - 01 - 1768 1□ M 2 X F 83		yrs. last birth			HOURS	_	7. DATE OF BIRTH (Month, Day, Year) Dec 12, 1912			8. BIRTNPLACE (State or Foreign Country)     Massachusetts				
2, 3 should		TOR	90. FACILITY NAME (# not he Meridan Hea	lth Ca		er				or locati		ATN			ntgo	eatn Mery	et 07
permit. Pages 1,		DIRECTOR	10e. STATE	10b. COUNT			100	c. CITY, TOWN								10d. INSIDE CITY LIMITS?	_
mit.			Mass.	Middl	.esex	_		Arlir	-							1X YES 2 NO	
2		FUNERAL			_				10	of. ZIP COD						VHAT COUNTRY?	
020 physician. burial-transit		N I	54 Melrose	Street	12. WAS DECEDEN	NT EVED IN I	IS A PAAFO	140	WM 0 05	0217					.S.A		
21215-0020 all or attending physician for use as the burial-trar		₽	1 Never Married 2 3 Widowed 4 Dive		FORCES?	1 YES	2 NO		If yes, s	pecify Cube	n, Maxican	C ORIGIN? (S <sub>i</sub> , Puerto Rican	, etc.)	or No-	Black	- American Indian, c, White, etc. white	
215 aften	- 1		15. OEC (Specify on	EDENT'S EDU	CATION completed)	1	6a. DECEDE	ENT'S USUAL O	CCUPATI	ION	200	16b. KIN	D OF BUSI	NESS/IND	USTRY		_
	eš	COMPLETED	Grade 12	0-12)	College (t-4 or 5	+)	life. Do N	or use retired.)		ost or works	7	clo	thin	g in	dust	ry	
A & A	d at once.	BE CO	17. FATHER'S NAME (First, M Nishan Mang	urian			_			Na	zeli	e K. E	oyaj	ian			
E, MAR be retained age 5 should	se notified	D 10	Glenn Mangu	rian				LING ADDRES								02043	
MORE, I age 6 may be director, page	ir must be		20e. METHOD OF DISPOSIT  1	on 3X Ram r(Specify)				ATE OF DISPO	: Cei	meter	_	2 <b>%1</b> 52		ingto		wn, state Massachus	et
BALTIMORE, after death. Page 6 may be by the funeral director, page	medical examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSET  22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home P.A.  313 Talbott Avenue Laurel, Maryland 20707														
within hours	event, the medical		23. PART i. Enter the diseasea, or completations that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.										een				
BOX 687 scate be executed physician and con	(D)	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):														
A - 6 -	Mema hygier jury, or oth	CERT	reaulting in death) LAS		d												_
E to the contract of the contr	y inju	륁	PART ii. Other aignifica	ent condition	s contributing to	death but	not reault	ing in the u	nderlyln	g cause g	given in P	art i. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDIN	
CO signed th	0 45	MEDICAL										_   ¹º	YES 2	NO		COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	E
	23 Pa	N.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)														
T. The	item 23 shov	ত 당	EXAMINER?	O WEDICAL	HOSPITAL:			OTHE	R:								
OF V PHYSICIA this certif	ked, or	Y PHYSICIAN:		Pending Investigation	28e. DATE OF (Month, D	FINJURY	7	TIME OF INJURY	28c. IN.	JURY AT ORK? YES 2		Other (Spe 28d. DESCRIB		JURY OCC	URED		_
OR ATTENDING DIRECTOR: After	28 is	ETED BY	2 Catalda	Could not be determined	28e. PLACE C building.	OF INJURY — atc. (Specify)	At home, fa	At home, farm, street, factory, office				261. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
AL OR	it ite	COMPLE			CIAN: To the beat of											and menner ee stated	_
THE HOSPITAL THE FUNERAL		BE CC	296. SIGNATURE AND TITLE		- 1	Od	b		-		NSE NUME					(Month, Day, Year)	
22	8 E	2	30, NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH	N UTEM 27)	(Type, Print)	1.1	o emoi	10	1170	16	2	1	1-96	
			31. DATE FILED (Month, Day,	1996	31. REGISTRA	Ar's SIGNATION	URE	1 d	0.3	7	150	Clar	ulf	e	114	1.2085	d
	I		0	.000	July minor	MEDIT FLOW	tally										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				State of Maryla		icate of		•	Reg. No.	05	05501
Dhominin			1. Decedent's Neme (First, Middle, Las	st)					2. Dete of Death Month Dev Ye		3. Time or Death
	Physic /Medi		Charles Ernest	Myers Jr.				Februa	ry 2, 1	Year 996	9:15 P.M
	Exami		As Facility Many 16 and Institution of the Association of the Association of Pacific Associ								
	Funeral Director		Frederick Memori 5. Social Security Number 8. S 214-28-0697 Usuel Residence of Decedent		Under 1 Yeer onths Deys	Frederick or If Under 24 Hrs. 8. Dete of E		Frederick Birth 9. Birthplace (Country) 15,1933 Maryla		k ace (State or Foreign Land	
	Maryland f show	tor	10a. Stete 10b. County Maryland Freder		City, Town or Location Frederic					10	d. Inside City Limits
	th with the 23e or 28e	Funeral Director	10e. Street and Number 428 Pinoak Place		1	of. Zip Code	701		10g. Citizen of V		À3
020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or itema 23a or 28a-f show or other treumetic event, the Medical Examiner must be notited at	by	11. Meritel Stetus  1 Never Merried 2 Married  3 Widowed XX Divorced	12. Wes Decedent Ever In Armed Forces? 1 X Yes 2 X OR EA If Yes, Give CON I Yeer or Dates:	U,S. 13. Wes	Decedent of I- s, specify Cub Yes 2 1 No	lispenic Origin? (Sen, Mexican, Puer Specify:	pecify Yes or No to Rican, etc.)	14. Rec Blec Specify	e - America ck, White, e	tc.
21215-0020	2 should be filed within 72 ho and Mental Hyglane. Is marked other than *natur eumatic event, the Madical	Completed	15. Decedent's Ed (Specify only highest gra Elementery/Secondery (0-12) 12th	ucation de completed) College (1-4or 5+)	16e. Decedent (Give kind life. DO! Super/Co	l of work done VOT use retire	cation during most of wo	rking	16b. Kind of Bu		
D	Hyg Hyg		17. Father's Neme (First, Middle, Last)		baper/ of	onse.		ne (First, Middle,			wiiei
Maryland	should be fand Mental Is marked of	To Be	Charles E. Myers,	Sr.				eline Ke			
ary	2 shou and M is man	-	19e. Informent's Neme/Reletionship (7	Type, Print)	19b. Mailing A	ddress (Street	end Number or Ri			State, Zip C	Code)
	1 and 2 Health a em 27 is		Brenda D. Myers-R	oberson	428 P:	inoak P	lace Fre	derick.	Md. 217	01	
Baltimore,	ages 1 and of He		20e. Method of Disposition  1 Buriel 2 Cremetion 3 4 Donetton 5 Other (Specify	Hellionel Ilolli Sfere	Plece of Dispositio cemetery, cremato	n (Neme of ry or other ple	ce)	Dete	20c. Location -	City or Tow	
Balti	permit. Pages 1 and Department of Health Important: if item 27 any injury or other tr once.		21. Signature of Funeral Service Licen		ROB	eme and Addre	SS of Fecility DAILEY &	SON FUI		MES,	P.A.
		Н	23e. Pert1. Enter the diseese, or comp shock, or heart feilure. List only	Dications that caused the decore cause on each line.	eth. Do not enter th	1 N. Ma ne mode of dyli	rket St. ng, such es cardia	Freder: or respiretory a	ick, Md.		Approximete Intervel Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  e. STROKE								
		ē	NAME OF THE PARTY		(or as a consequen						
	nand al-transit	Examiner	Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events	ATHEROSCLEROSIS OF CAROTIDS  Due to (or es e consequence of):  YEARS							
ς 68760,	rtificate be axecuted ng physician and as the buriel-transit	edicai	resulting in deetin) Lest								
Box	eath certifi attending   I for use as	Physician/M		d							
0	the a	ysic	Pert II. Other significant conditions of	entributing to death but not re	sulting In the under	lying cause giv	ren in Pert I.	23b. Did	tobacco uee co	ntribute to 1	the cause of death?
م	es that the de igned by the a be deteched	by Phy						1)X	Yee 2□ No	3 □ Probe	ably 4 Unknown
Records,	aw requires seen s	npieted								com	e autopsy findings lable prior to pletion of cause eath?
<u>=</u>	Page 1	S						10	Yes 2 No	10	Yes 2□ No
Vital	Physician: The this certificate ral director, page	exe	25. Was case referred to medical examiner?	Hospitel:		0.1	OF:	eth (Check only o			
of	S S	<b>-</b>	1 Yes 2 No 27. Negner of Deeth	1 12 Inpatient 2L	-	BDOA Oth	4 LI Nursing F	lome 5 Resident			
	N or Attending PP 1 after death. I Director: After th d in by the funera	ation	1 Netural 5 Pending Investigation				yat k? Yes 2□No	28d. Describe how injury occurred			
Division	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	Certification:									Route Number,
	Hospital	edicai	29a. Certifier (Check only one) Certifying Phy 2 Medical Exam	reician: To the best of my kn Iner: On the bests of examin end menner steted.	owledge, deeth occ ation end/or investi	curred et the tir gation, in my o	ne, dete end place pinion, death occu	, and due to the irred et the time,	ceuse(s) end ma date end piece, o	inner as sta end due to t	ted. he ceuse(s)
	To the Within 2 To the comple	M	29b. Signature and title of Continer	11.		29c. Licens	e number	1/2	29d. Date signe	d (Month, D	ay, Year)
			· Janvin	D456	945692			Feb. 2, 1996			
			30. Neme end eddress of parson who c					D.T.C.			
	Sta	te	PAUL MCNEILL, M 31. Dete filed (Month, Dey, Year) -	D /4 THO  32. Registrer's Sign	MAS JOHNS	ON DRI	VE FREDE	KICK, MI	21701		
	Dominto	ic	MATERIAL AND A	W.1. M	. 0						



Pages 1, 2, 3 should

OR ATTENDING PHYSICIAN: The

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DIRECTOR: A hours after d item 28 is

FUNERAL ( within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERAL
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IMPORTANT: II

Item

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law requires that the death certificate be executed within 24 hours after beam. Page 6 may be retained by the hospital of afterloing physician,	is been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pa		once.
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3W	o p	ept.	23

96 05535 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH February 4, 1996 DAY YEAR LEE ROY MOCK SR 10:00 AM 4. SOCIAL SECURITY NUMBER 217-32-5177 7. DATE OF BIRTH SCPL. 29, 1937 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER I YEAR IF UNDER 24 HRS. 1X M 2 | F 58 Virginia 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 714 North Market Street Frederick DIRECTOR Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
VEMITS?
1 1 YES 2 NO Maryland Frederick Frederick FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 714 North Market Street, Apt. 2 21701 U.S.A. t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yee, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE - American Indian, FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married specify: White BY 3 Widowed 4 Divorced COMPLETED t5. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher t of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Self Employed Carpenter Construction 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Harrison MOCK Carrie SIMPSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Catherine P. Mock 714 North Market St., Apt. 2, Frederick, Md. 21701 20s. METHOD OF DISPOSITION
1.\( \text{L} \) Burlel 2 \( \text{ Cremation } 3 \) Removal from State
4 \( \text{Donetion } 6 \) Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Park Lawn Memorial Park, Feb. 7, 1996 Rockville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Keeney and Basford P.A. Funeral Home Richar MO0255 106 East Church St., Frederick, Md. 21701 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final diseese or condition INCHEASEN 3wees) 146-0 0-0001 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): 2 40 CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) 10 40 **CAUSE** (Disease or Injury thet initieted eventa resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 X NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES WNO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 
Nursing Home 5 
Residence 6 
Other (Specify) HOSPITAL: t YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 26a. DATE DF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. /NJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY 1 X Natural 5 Pending м 1 YES 2 NO В Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER

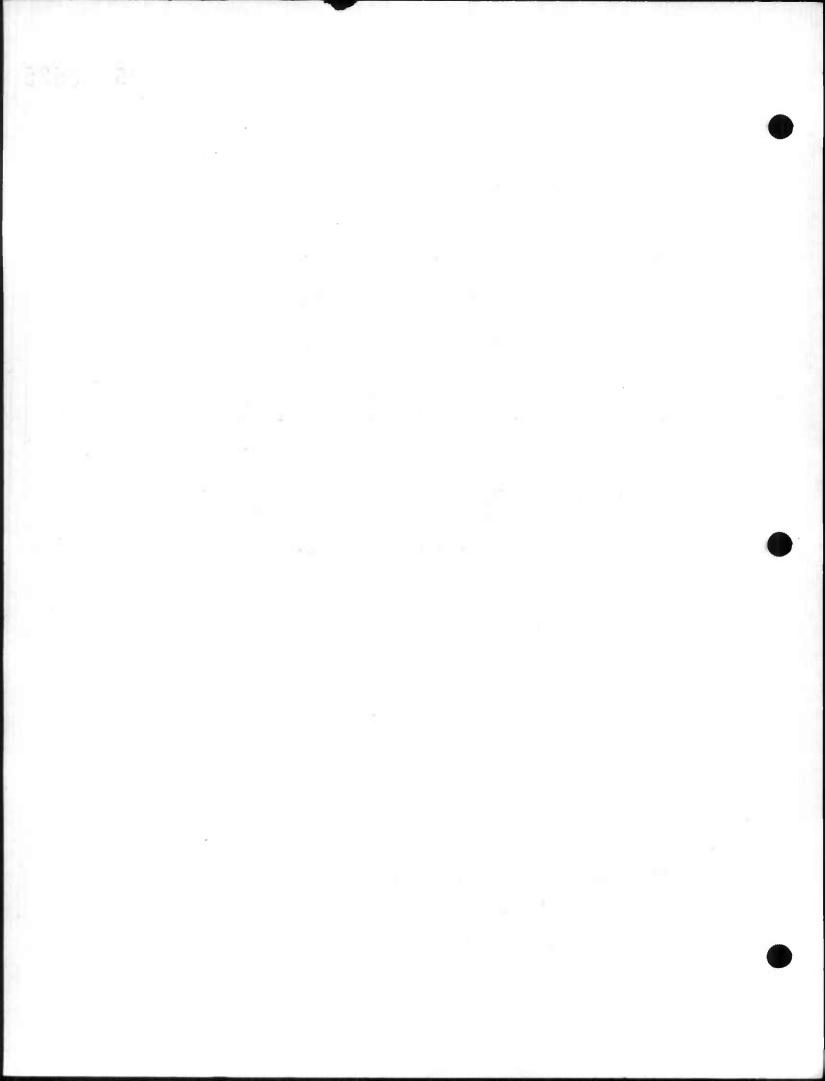
29c. LICENSE NUMBER D 14626

29d. DATE SIGNED (Month, Day, Year) Feb. 5, 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. P. Gregory Rausch MD 501 West Seventh Street, Frederick, Maryland 21701 31. DATE FILED (Month, Day, Year)

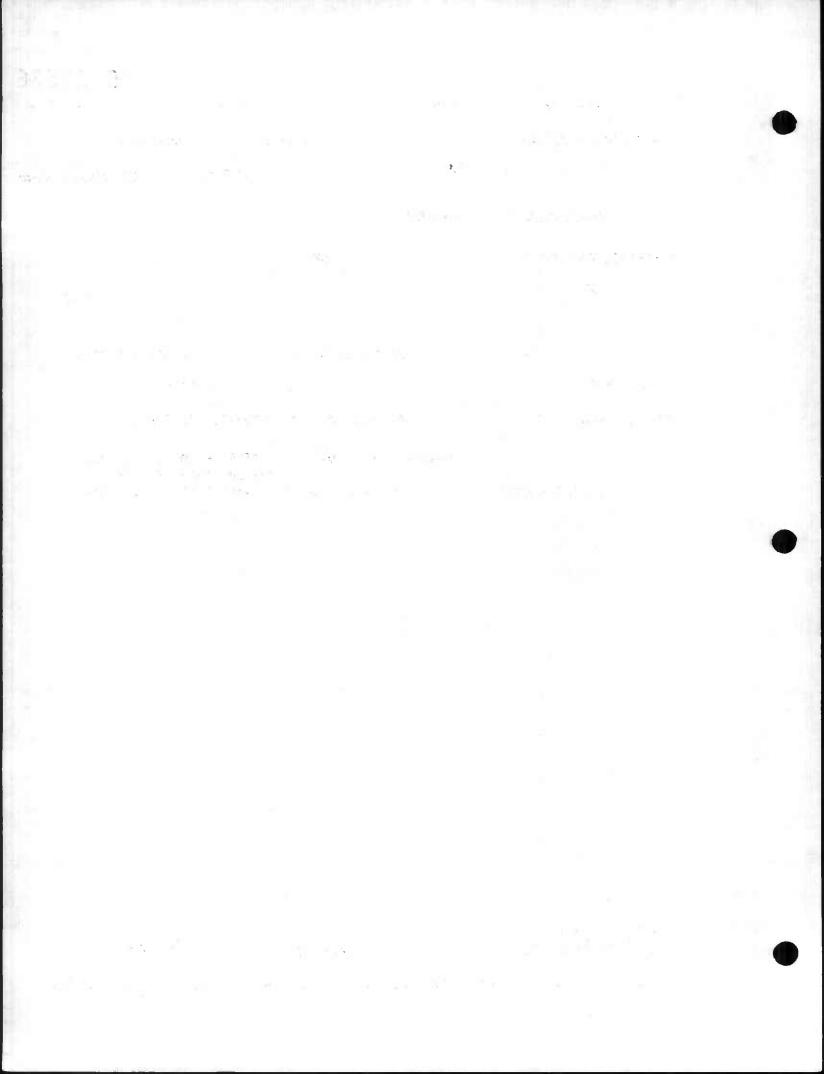
32. REGISTRAR'S SIGNATURE Savelen Rarlell JAN 07 1996



### Please Type or Print in Black indelible Ink. Assure All Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene

					Cert	ificate or	Death		Reg. No.	95	05530	
Physic	ian	Decedant's Nama (First, Middle		NART	1			2. Data of De Month	Day	Year	3. Tirhe of Death	
/Medi		1424 Hoerb			71		11 Ch T	FeB		196	4:087m	
Exami	ner	4a. Facility Nama (If not institution Suburban Hos	A CONTRACTOR OF THE PERSON OF	)			Bethesda	Location of Death				
-		5. Social Sacurity Number		ga (In yrs. last	hirthday)	If Undar 1 Yaa			Montgo		place /State or Foreign	
Funeral Director		577.78.2465 Usual Rasidance of Decedant	1□M 2 <b>X</b> F	48		Months Day			01-	D. Ta	place (State or Foreign plry/Rothenbu uber, Germa	
Mo #		10e. Stata 10b. County 10c. City, Town or Location							1	Od. Inside City Limits		
Marylen Fahow	Ö	MD. MONTGOMERY POTOMAC								Yas 2□No		
28a	Funeral Director	10e. Street and Number				10f. Zip Coda			10g. Citizan of What Country?			
h with	0	2 SPRINKLEWOOD	COURT	URT 20854					U.S.A.			
teeb	ner	11. Marital Status		12. Was Decedant Evar In U.S. 13. Was Decedant of				Specify Yas or No		e - Amario	can Indian,	
172 hours effer deeth with the Maryland "natural", or frema 23a or 28a-f show lotted Examiner must be notified at	by	1 Navar Married XX Marri 3 Widowed 4 Divorced		1 ☐ Yas 2X No If Yas, Giva		Yas 2 XN		rio nican, aic.)			WHITE	
"natural",	te B	15. Decedant	s Education	-1	6a. Decedar	nt's Usual Occ	upation .	dita	16b. Kind of Bu	usinass/In	dustry	
30	Completed	(Specify only highas Elamantary/Secondary (0-12)	Collega (1-4or	5+)	lifa. DC	na or work aon O NOT usa ratir	upation a during most of wo ed)	orking	яıg			
Hyglen ther th	5		+3	BUSINESS MANAGER			UROLOGY CENTER			TER		
should be filed v and Mental Hygle marked other t umatic event, th	Be	17. Fathar's Nama (First, Middla, I THEODOR HOERE	*				18. Mothar's Nama (First, Middla,		The second			
2 should be fi end Mental I- is marked off surnetic ever	10				BABET							
and 2 shelth end 27 is m		JOHN A. NARDI,			_		ot and Number or F D CT. PO				Code)	
permit. Peges 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: if itam 27 is marked other than any injury or other traumatic event, the Magnes.		20a. Mathod of Disposition 1   Burlal 2 □ Cramation 4 □ Donation 5 □ Other (Sp		ceme	atary, crama	tion (Nama of tory or other pi		Data 2/14/96	20c. Location -			
permit. Departm Importar any inju		21. Signature of Fugeral Sarvice L			22. N	Nama and Add	rass of FacilityJO	SEPH GAW	LER'S SC	ONS		
		23a. Part1. Egter tha disaasa, of shock, of heart failure, List	complications that causa	d tha daath. E	Do not antar	tha moda of dy	ring, such as cardia	ac or raspiratory a	rast,		Approximata Interval Between	
Physician		Immediata Causa (Final									Onsat and Death	
/Medical Examiner											2 weaks	
	5			Dua to (or as								
nsit	Examiner	b. METATATI L BROAST CARGNOW 4								9 yrs		
avacu n and ial-tra	Exa	Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaasa or Injury		Dua to (or as a consequance of):								
tificate be executed g physician and as the burial-transit										-		
tificat ng phy as th	Medical	rasulting in death) Last  Due to (or as a consequence of):										
ndin use	2											
deeth e ette d for	Physician/	Part II. Other significant condition	rt II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobacc							use contribute to the cause of death?		
ires thet the deeth ce signed by the ettendir id be detached for use									1 Yes 2 No 3 Probably 4 Unknown			
s the	by F								75 - 100 23			
law requires that the deeth certificate be executed as been signed by the ettending physician and 2 should be detached for use as the burial-transit								24a. Was	an autopsy	24b. W	ara autopsy findings ailable prior to	
has be ge 2 sh	Completed							, , , ,		CO	mpletion of cause death?	
The ate h	100							10	as 2 No	1[	Yas 2□ No	
Physician: The I this certificate he ral director, page	Be (	25. Was casa rafarred to medical axaminar?					28. Place of De	eath (Check only o	na)			
physic this or al dire	10	1 ☐ Yas 2 No	Hospital:		Outpatient	3LI DOA		Homa 5 ☐ Rask	tance 6 □Oth	ar (Specif	v)	
ding P. h. After t funera	0	27. Mannar of Death 1   Natural 5 □ Panding	28a. Data of Inju (Month, Da	ury 28l ly Year)	b. Tima of Injury	28c. Inj W		28d. Dascribe i	now Injury occur	red		
Attending or death.  Sctor: After by the fune	Certification:	2 Accident investig	ot he	M 1 Yas 2 No								
after of Direct	E	3 ☐ Sulcida 6 ☐ Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)						28f. Location (S City or To	281. Location (Street and Number or Rural Routa Number, City or Town, Stata)			
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		29a. Certifiar 1 Certifying	Physician: To the best xaminer: On the basis of	of my knowled	dga, daath o	courred at tha	tima, data and place	e, and dua to tha	causa(s) and me	nnar as s	tated.	
the H the Fi	edical	one)	and mannar st	atad.	and/or invas	stigation, in my	opinion, daath occ	urred at tha tima,	data and place,	and dua to	tha causa(s)	
To To To To To To To To To To To To To T	Σ	29b. Signatura and title of certifiar		29c. Licansa number					29d. Data signed (Month, Day, Year)			
		Dz9675 2/10							2/10/9	b		
		30. Nama and eddrass of parson v	no complated causa of	daath (Itam 23	a) (Type, Pri	int)		1				
		RAPH V. BOCK	3, MD 970	of MAD	ricae	Center	Dr. 4	300 Ro	CKYILLE,	mD	20850	
Sta	ite	31. Data filed (Month, Pay, Yaar)	6 July Pagist	rar's Sign Oura	fall				7			

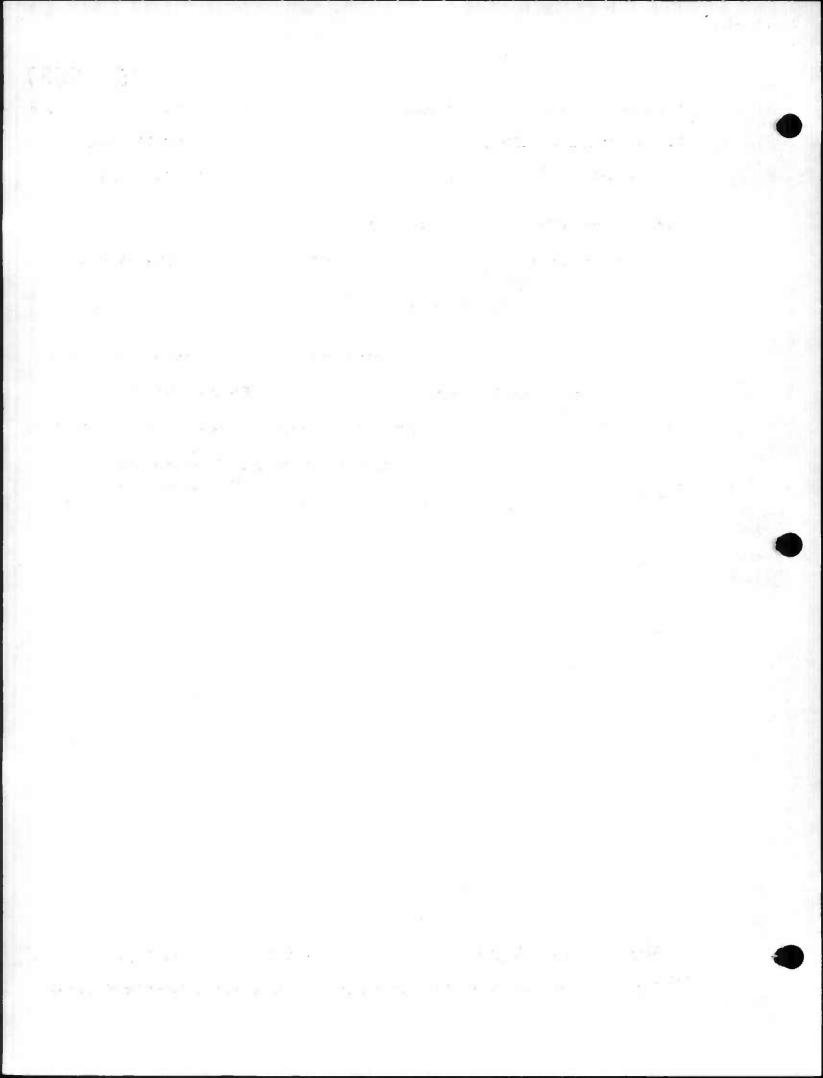


DHMH 16 Rsv 6/95

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State of Maryland / Department of Health and Mental Hygiene

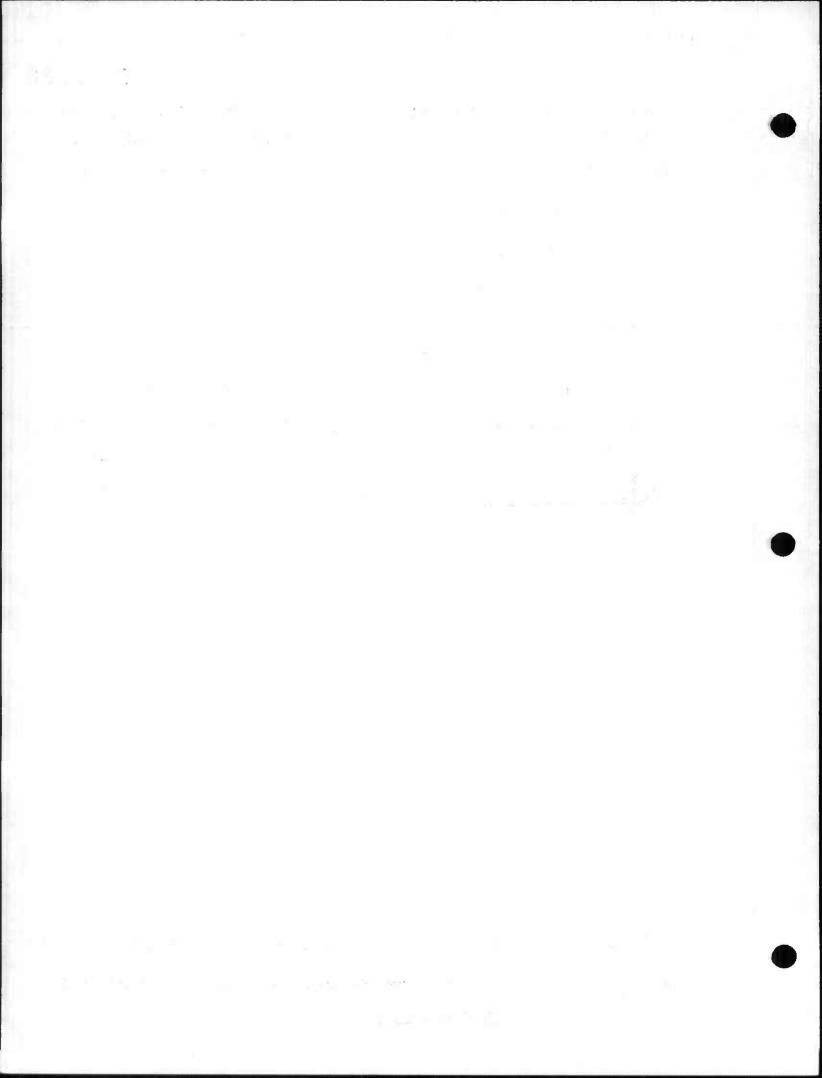
						Certificate	of Death		eg. No.	95	15537
П	Physic	ian	Decedent's Name (First, Middla, Last	st)				2. Data of Dea Month	th Day	Yeer 3.	. Tima of Death
	/Medi		RAYMOND JC	HN	NEWMAN	J		FEB.09	,1996		L9:06 P
	Exami	ner	4a. Fecility Nema (If not institution, give				4b. City, Town, or	Location of Death	4c. County		
			RT. 28 KEY WES					rsburg		GOMERY	
	Funeral Director		5. Social Security Number 6. S 578-20-7845  Usuel Rasidence of Decedent	ex 7. Age	e (In yrs. last birth	Months [	Yaar If Under 24 Hrs Days Hours Min.		Year) ,1923	9. Birthplace Country) Illin	(Steta or Foreign
	and and		10a. State 10b. County		10c. City, Town	or Location				10d. l	Insida City Limits
	r 28a-f show	ţ	Maryland Montgo	merv	Cai	thersbur	· α			1	1⊠Yes 2□No
	deeth with the Meryland rms 23s or 28s-f show r mast be notified at	Funeral Director	10e. Street and Number	mc1	- Odi	10f. Zip Ci		1	0g. Citizen of V	Vhet Country?	
	eeth with	a D	22 Whetstone Dr	ive			20877		Unite	d State	26
	Herr dee	ner	11. Marital Stetus	12. Wes Decedant I Armed Forces?	Evar in U,S.	13. Was Decedar	t of Hispanic Origin? (S Cuban, Mexican, Puar	Specify Yas or No-	14. Raci	a - Amarican Ir	
21215-0020	9 9 5	by	1 ☐ Never Married 2 ☐ Marrled 3 🛣 Widowed 4 ☐ Divorced	1 XYas 2 N	942/1946	1 □ Vac 2 □	No Specify:	to riloan, atc.,	Specify	ck, White, etc.  White	
5-0	72 hours "natural",	Completed	15. Decedent's Ed (Specify only highest gra-	lucation			Occupation done during most of wo retired)	rkina	16b. Kind of Bu		
21	- 20	npie	Elamantery/Secondery (0-12)	College (1-4or 5	+)	fe. DO NOT use	retired)	rking			
	The same and	S		4		Accou	intant		Federa		nment
Maryland	should be filed within and Mental Hygiene. Tranked other then transite event, transite event.	Be	17. Father's Neme (First, Middle, Last)				18. Mothar's Na	ma (First, Middle, I	Meiden Sumem	a)	
2	should be ind Mental I marked of	P		Joseph				Frances			
Ma			19e. Informant's Name/Reletionship (7	ype, Print)			Street and Number or R				
	s 1 and 2 should be filed f Heelth and Mental Hyg them 27 is marked other other traumatic event,		Claire Cline 20e. Method of Disposition		20b. Plece of D	08 Chish disposition (Neme crametory or other	olm Landing	Z Terrace	N.Pot 20c. Location -	omac,	MD, 20878
n O	ages intol		1 ☑ Burial 2 ☐ Cremetion 3 ☐			-		2,325			
Baltimore,	permit. Page Department of Important: If I any Injury or pote		4 ☐ Donetion 5 ☐ Other (Specify  21. Signature of Funerel Service Lican.		Gate of		Cemetery				Maryland
B	permit. Pages 1 and 2 Depertment of Heelih a Important: if item 27 is any injury or other tra		Michael	D. Gil	bar		r Park Dr.	DeVol Fu			1877
			23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only	olications that caused one cause on each lir	the death. Do no	enter the moda o	of dying, such as cardia	c or respiretory arr	est,	App	proximete ervel Between
	Physician										set end Deeth
1	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in deeth)	· Mour	THE IN	Unios					
U		<u></u>	resulting in death)		Due to (or as a co	nsequence of):		_			
	nsit ted	Examiner		b							
	ificate be executed g physicien and as the burial-transit	xar	Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events		Dua to (or es e co	nsequence of):					
68760,	slcier b buri	cal	Cause. Enter Underlying Causa (Disease or Injury thet initiated events	c	Due to facility 1					<u> </u>	
68	ifficating phy as the	edicai	resulting in deeth) Lest	,	Due to (or as a cor	isequence or):				-	
Box		2		d							
	the attendir	sicia	Pert II. Other significant conditions co	entributing to death bu	it not rasulting in th	ne underlylno cau	sa given in Pert I.	23b. Did to	bacco use cor	ntribute to the	causs of death?
P.0	\$ 5° C	Physician/				, , , , , , , , , , , , , , , , , , , ,		1 □ Y	_/		y 4 Unknown
	8 58	by F									
Records,	requir been s should	Completed						24e. Was a perform	n eutopsy ned?	availeb	autopsy findings ele prior to etion of cause h?
æ	0 - 0	E						NETY	s 2 No	1 Ye	s 2 No
Vital	icentificata rector, pag	Be	25. Was case referred to medical				26. Plece of De	eth (Check only on	a)		
of V	S 00 0	To	axaminer? 1XXes 2□ No	Hospital: 1 🔲 Inpatle	nt 2 ER/Outp	atlent 3 DOA	Other: 4 Nursing h	dome 5 ☐ Resida	ince 8 00th	er (Specify)	VEHICLE
0	한 호등		27. Mannar of Deeth 1 ☐ Natural 5 ☐ Pending	28e. Date of Injur (Month, Dey	y 28b. Tim	e of 28c.	Injury at Work?	28d. Describe ho	w Injury occurr		
Sio	Attending Ph or death. ector: Atter th by the funeral	cati	2 Accident Invastigation		6 190		1□Yas 2២No	PEDOSTM	an Stru	uce B	y con
Division	free difference of the by	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicide determinad	28e. Place of Inju- building, etc			ffice	28f. Location (St City or Town	reet and Number, Stete)	er or Rural Ro	ute Number,
	oltal urs a ural D				RODAN						
	To the Hospital or Attendit within 24 hours after death.  To the Funeral Director: A completaly filled in by the fu	edicai	29e. Certifier (Check only one)  1 Certifying Phy 2 Medical Exam	rsician: To the best of iner: On the basia of and menner sta	examinetion end/o	aeth occurred at t or Invastigeti <i>on</i> , in	ha time, date end plece my opinion, daath occu	s, end dua to tha ca arred et the time, d	ausa(s) end me ete end plece, a	nner as stated and due to the	cause(s)
	o the o the ormple	Mec	29b. Signatura end title of certifiar	and mermer sta	100.	29c. L	icense number	2	9d. Data signed	Month. Dav	Year)
	F3F0		NOULE ON	0 ( 1/ 00	,						
	11		30. Name end eddress of person who c	a Hill	onth (Hom DOL) (T	no Bri-t\	OCME		FEB.11	1,1996	
H	TI		1/6 0 / 5				reet, Bal	timoro	M = 1	land 1	1201
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registre	r's Signeture	emi St.	reer, Ddl	crinore,	mary.	Lanu Z	.1201
	Registr		FFR 131	000 1/	St. in P	0 .0					



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				otato or marytani	(	Certific	cate of	Death	ornar rij	Reg. No.	36	05538
	Physici	an	1. Decedent's Name (First, Middla, Las	1)					2. Data of De Month	eath Dey	Year	3. Time of Death
	/Medic Examir	cal	LISA DAW  4a. Facility Nama (If not institution, given ROUTE #577		OLS		1	4b. City, Town, or RELIANC	FEB.	11, 1 h 4c. Count	L996 by of Deeth RCHES	0030 AM
	Funeral Director		210 31 0000	7. Age ( <i>ln yrs. l</i> .		rs. If U	nder 1 Yeer ths Days	If Undar 24 Hrs Hours Min.			9. Birthp	placa (State or Foreign http) ton, MD
	Marylend -f show	tor	Usual Rasidance of Dacedant  10a. Stata  10b. County  Dorche	ester Hur	Town	or Location					1	0d. Inside City Limits 1 ☐ Yes 2 ☒ No
	3a or 28a	Funeral Director	10e. Street and Number 4525 James And	drews Road		10f	Zip Coda 21	643		10g. Citizan of USA	What Cour	ntry?
Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylend Department of Health end Mental Hygiene. Important: if item 27 is marked other than "naturaf", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinat must be not and an once.	by	11. Marital Status  1/□ Never Merried 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedant Evar in U, Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates:	S.		ecedant of H specify Cube	lispanic Origin? (S en, Maxicen, Puar Specify:	specify Yes or No to Ricen, atc.)	14. Ra Bla Speci	ce - Amaric ack, Whita,	
15-0	72 hc natur	Completed	15. Decedent's Edu (Specify only highast grad	ucetion le complated)	16a. [	Decedent's I Giva kind o	Usual Occup f work dona	eation during most of wo	rking	16b. Kind of E	3usiness/in	dustry
212	withir liene.	omp	Elemantery/Secondary (0-12)	Collega (1-4or 5+)			ture	3)		Aar	i:cul	ture
pu	al Hyg other	Be C	17. Fathar's Nama (First, Middla, Last)		7.3	1001	00.0		ma (First, Middla	, Maidan Sume	me)	
yla	Month of Menth	To	Alec B. Nich						y Lou			
Mai	th end T is rr traum		19a. Informant's Neme/Ralationship (T)			15		and Number or Ri				MD 21643
	f Heal of Heal		Alec B Nicho 20a. Mathod of Disposition	20b. Pl	ace of I	Disposition			Data	20c. Location		
imo	Page ment c ant: If ury or		1 ☐ Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Spacity)				emat		2/15/9	6 Dove	r De	1
Baltimore,	permit. Departi Importu any Inj		21. Signature of Funaral Sarvice Licens	aa				ss of Facility On Fune	ral Ho	me Fed	era1	sburg,MD
			23a. Part1. Entar tha disaase, or comp shock, or haart failure. List only o	licetions that ceusad tha death na causa on each line.	. Do no	ot antar tha	moda of dyir	ng, such es cardie	c or raspiretory e	rrest,	ì	Approximete Intarval Between
	Physician / /Medical		Immediete Causa (Final	11. 11. 11.	- do						1	Onset and Deeth
ı	Examiner		disaase or condition resulting in daath)	a. MULTIPUS  Dua to (or		M WW onsaguance	(U)					
	be is	iner		b		,	,					
	icete be executed physician and s the buriel-transit	edical Examiner	Sequentially list conditions, if any, leading to immadiate ceusa. Entar Underlying Causa (Disaasa or Injury	Dua to (or	as a co	nsequance	of):					
68760,	ysiciar ne buń	icai	that initiated avents	c. Due to (or	as e co	nsequance	of):					
	certifice anding ph use es th		rasulting in death) Last	d						-		
B	iras thet tha death cer signed by the attendir d be deteched for use	Physician/M	Part II. Other significant conditions con	ntributing to death but not rasu	Iting in	tha undarlyl	ng ceuse giv	en In Part I.	23b. Dld	tobacco uae co	ontribute to	the cause of death?
۳.	thet the								1 🗆	Yee 25 No	3 Pro	bably 4 Unknown
Division of Vital Records, P.O. Box	v requ	Completed by							24a. Wes	an autopsy ormed?	av	ere eutopsy findings aliabla prior to mpletion of ceuse death?
E E	The le	mo							18	Yas 2□No		SYas 2□ No
/ita	sian: entifica ector, I	Be	25. Was cese rafarred to medical axaminer?						ath (Check only	ona)		
1	Physic this or	ဥ	1XXxas 2□ No			atient 3		4 Li Nursing r				ROADWAY
O	ding in. After	tion	27. Mannar of Death  1 □ Natural 5 □ Panding 2 □ Accident invastigation	28a. Data of Injury (Month, Day Year) 2 11 9 6	28b. Tii Inj		28c. Injur Wor	yet k? Yas 2∐No		how injury occu		ce ejarad
N S	or Attending Physician: efter death. Director: After this certific i in by the funeral director,	Certification:	3 Suicida 8 Could not be datarmined	28e. Place of Injury - At hor building, atc. (Specify,								al Routa Number,
Ö	tal or rs efte al Dir led in	Cert	4   Homelda	WID N W						7 CANO		
	To the Hospital or Attending Physician: The lev within 24 hours effect death.  To the Funeral Director: After this certificate has completaly filled in by the funeral director, page 2	edicai		sicien: To the best of my knowner: On the basis of axaminati and manner stated.								
	To the within To the comple	Me	29b, Sign ture end titla of certifiar	And manner stated.			29c. Licans	a number		29d. Date sign		
			30. Nama and address of parson who co	ompleted ceusa of death (Itam	23a) (T	vpe, Print)						
			MARIDAND D. 1				Stree	t, Balt	imore,	Maryl	and	21201
	Sta		31. Data filed (Month, Day, Year)	32. Ragistrar's Signat	_	1.4						
	Registr	ar	FEB 1 5 19	96 Jahr Daveles	u-da	Mall						



	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.	95	055	39
ł	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE O			3. TIME OF DEA	TH
ı	Franklin	Nairne	Feb	9	1996	8:27	Рм

	1. DECEDENT'S NAME (First	Middle, Last)					***				2. DAT	E OF DE				3. TIME OF DEATH	
	Franklin			Nai	irne						Fe	-	Q D		996	8:27 P	м
	4. SOCIAL SECURITY NUME	ER	5. SEX		in yrs. last l		IF UNDER		IF UNDE	9 24 HRS.	7. DATE	E OF BIR			6. BIRTI	IPLACE (State or Foreign	
	213-42-095	1	1 🔀 M 2 🗌 F		64	YRS.	MONTHS	DAYS	HOURS	MIN.	May	oth, Day,		8	Mar	yland	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY	, TOWN C	OR LOCATI			-,			NTY OF D		
8	The Pi	nes						E	asto	n					Tal	hot	
ی	RESIDENCE OF DEC	10b. COUNT													Iai		
DIRECTOR	Maryland	Talb					Y, TOWN		ION							10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Taib	UL			Ľа	ston									1X YES 2 NO	
FUNERAL	800 Arcadia	C+ma	. +					101	ZIP COD							WHAT COUNTRY?	
N N	11. MARITAL STATUS	bele							2160					US			
5	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES	2 X NO	D		If yes, spi	ENDENT (	ın, Mexica	in, Puerto	Rican, e	ity Yes (c.)	or No-	Biec	E — American Indian, k, White, atc.	
B	3 Wildowed 4 Divo	rced	IF YES, GIVE V	MAR OR DA	TE\$			1   YES	YES 2 NO Specify: Specify: Blac						<i>™</i> : Black		
8	15. DEC	EDENT'S EDU	CATION		16a. OECE	EDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND	OF BUS	INESS/INI	DUSTRY		$\dashv$
H	Elementary/Secondary (0		College (1-4 or 5	+)	tite. D	o NOT us	vork done e retired.)	during mo	st of worki	ng	(	Ches	ape	ake	Deve	lopmental	
M M	6th				La	aborer - assembly work   Center   18. MOTHER'S NAME (First, Middle, Maiden Surname)											
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)							18. MOT	HER'S NA	ME (First,	Middle, I	Maiden	Surname)			
BE	Sam Savage						Rhonie Nairne  LING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)										
2	19a. INFORMANT'S NAME (7																
	Paula Hol									East	on,		_	ind 2			
5	20a. METHOD OF DISPOSITI	ON n 3 □ Rem	oval from State	20b.	PLACE AN	ND DATE O	of DISPOS	ITION /Na	me of		2%	TE /2	0c. LO	CATION —	City or To	rwn, State	
	4 Donation 5 Other 21 SIGNATURE OF FUNERA	lvar			Chui		-/1	.0/8	Ede	en, N	laryl	and					
	The second secon	action (		>	22. NAME AND ADDRESS OF FACILITY Bennie Smith Funeral Home												
	P.O. Box 1687, Easton, Md. 21601											501					
	23. PART i. Enter the di	seases, or c	complications that List only one ceu	t coused	the deat	th. Do n	ot entar	the mo	da of dy	ing, suci	h se cer	diac or	respl	ratory sr	rest,	Approximate	
	IMMEDIATE CAUSE (Fin		/	1			1									Interval Batwee Onset and Dear	
	disease or condition	<b>→</b>	a. 11.	(OR AS A	CIA	MIL	10	656	155								
5			OUE TO														$\neg$
No	Sequentially list conditi	ona,	b. EV		46			Mil									
CERTIFICATION	If any, leading to immed cause, Enter UNDERLY!		000 10	(OR AS A	CONSECU	JENCE OF	·);									i	1
임	CAUSE (Disease or inju	γ 🐧	c. DUE TO	(OR AS A	CONSEOU	JENCE OF	 ]:										$\dashv$
E	resulting in death) LAS	r 🖠 .														1	- 1
AEDICAL	PART il. Other significa	nt condition	sa deter	deeth bu	it not rea	nulting i	n the un	derlying	cause	given in	Part i.		AS AN	AUTOPSY MED?	24b	WERE AUTOPSY FINDING	38
ă				n								10	rES 2	Z NO		COMPLETION DF CAUSE OF DEATH?	
-		1 ness							/							1 _ YE\$ 2 _ NO	
Z	DID TOBACCO U		RIBUTE TO CA	_					UNC	ERTAIN	V 🗆						
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		26. PLACE	T	H (Check										$\neg$
ΙΥS	1 TYES 2 NO		1 Inpatient 2				4 Nun	ing Home	• 5 □ Re	sidence							
	_	Pending	28a. OATE OF (Month, D		- 1	28b. TIME			RK?	7.00	28d. OE	SCRIBE	HOW IN	JURY OC	CURED		- 1
BY	2 Accident	nvestigation	28e. PLACE O	E IN HIDV	At home	a danna a			ES 2	NO	401 1 2						_
ETED		Could not be letermined	building,	atc. (Specif	(y)	e, rarm, s	treet, tect	ory, omice	•		City	or Town,	Street e	nd Number	or Rural F	loute Number,	
9	29a. CERTIFIER												_				$\dashv$
COMPL	(Check only CERT		CIAN: To the best of														
			On the best of e		STREET INV	varigatioi	ii, iii my o	инюп, de				e end pla	ce, and			) end menner as stated.	
BE	29b. SIGNATURE AND TITLE	OF CHINE	Yest						29c, LICE	NSE NUM	ABER	3		29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	DEBEON W.	AUI	RE OF ST	THE CARES	an ~	D		1	163	77	/			211	176	
	30. NAME AND ADDRESS OF	Mays	D. Cap	oles	IH (ITEM :	ZI) (Type,	Print)	18	111		1 4	100		FA	ton	Morriso	, [
4 1	/-/-	000	32. REGISTRA		11-1	1		101	LAND I	VIIV	/	VCIL	W.	TITLE	11811	, PRIJ LIKUI	

## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

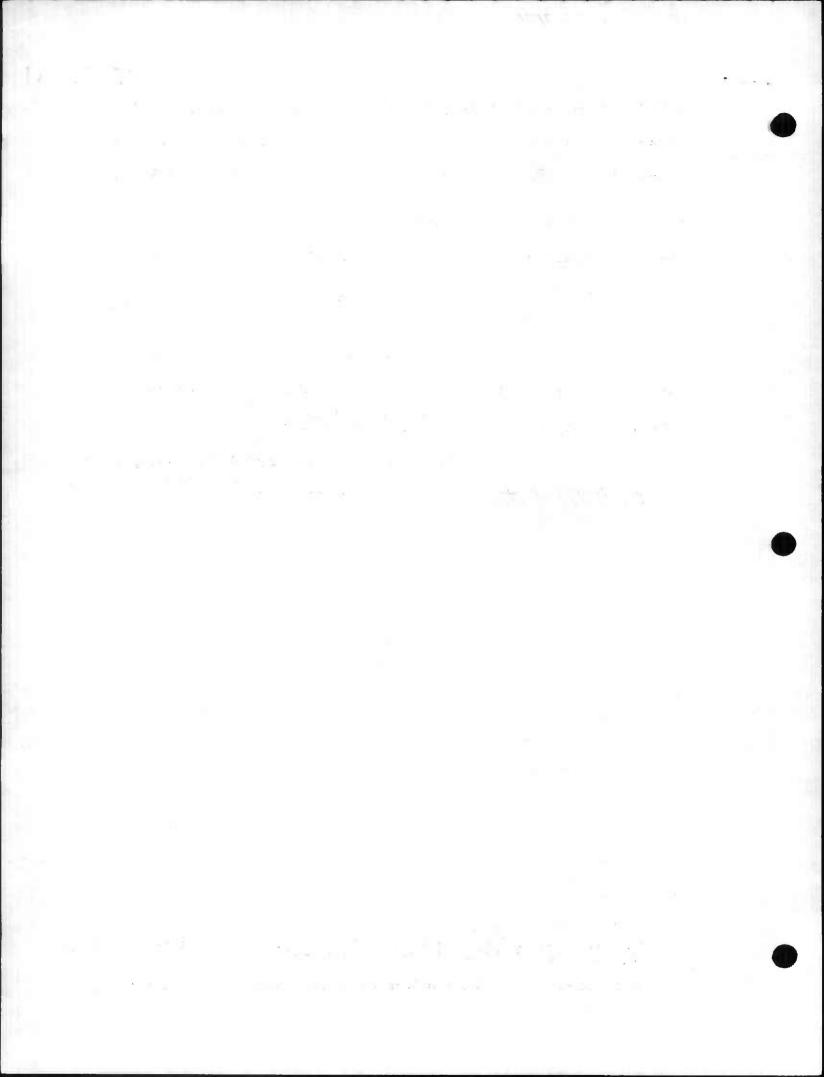
					Oldic Ol	iviai			ificate o			IG INIEI		Reg. No		E	055110
		П	1. Decedent's Name (First, M.	ddle, La	st)				-	<del></del>			Date of De	ath	3	10-	3. Time of Death
	Physici		Jerry	Lee	E. (	o'N∈	eal						Month Teb.	11		Year 996	4:40 a.
	/Medie Examir		4e. Facility Name (If not institu	tion, giv	e street and num	ber)				4b. C	ity, Towr	n, or Locati			. County of		1010 40
			7709 Scot	lan	d Drive	3					Pot	omac			LUOW	GOM	IERY
	Funeral		5. Sociel Security Number	6. 5			n yrs. last birti	hday)	If Under 1 Ye		Jnder 24	Hrs. 8.	Date of Bir	th Vest		9. Birthp	laca (State or Foreign
	Director		215-46-0214	'	□ M &CDF	59	) 1	rs.	Months Day	ys !!	Jula	J	Date of Bir (Month, De Jan . 2	3,1	.937	Ma	ryland
	p .		Usual Residence of Decedent 10a. State 10b. Cou	ntv		10	Oc. City, Town	or Loca	atlon							4	Od Jacks Oh I belie
	eho eho	5	7/2-23						attori								0d. Inside City Limits 1 ☐Yes 2 ☐ No
	28a-f	ect	MD MO	ntg	omery		Poton	nac	101 75 0-1					40- 0"			
	with	Funeral Director	7709 Scot	land	d Drive	ž			10f. Zip Code	。 2085	4			_	U.S.		try?
	eath	era	11. Marital Stetus		12. Was Dece		r in U.S.	13 W				n? (Snecifi	/ Yes or No		14. Race		en Indian
	ter d	E	1 □ Never Married 2 □ 3	larried	Armed For	ces?		If \	as Decedent o Yes, specify C	uban, M	exican, I	Puerto Rici	an, etc.)			White, etc.	
21215-0020	filed within 72 hours after death with the Maryland hygiene. ther than "natural", or items 23a or 28a-f ehow ant, the Medical Examinet must be notified at	by	3 ☐ Widowed 4 ☐ Divor		If Yes, Give Year or De	9		10	☐Yes 2ÃN	No Sp	ecify:		Specify:				ack
0	2 ho	Completed	15. Dece	lent's Ed	ducation		16a.	Decede	nt's Usual Occ	cupation		* 1 Day 1		16b. K	ind of Bus	iness/Inc	dustry
21	bin 7	ple	(Specify only hig Elementary/Secondary (0-1:		College (1-	4or 5+)		lile. Do	nd of work dor O NOT use ret	ne dunn tired)	g most o	or working					
	od wil	100	12th					Ι	Domest	ic			None				
nd	2 should be filed withing end Mantel Hygiene. Is marked other than sumstic event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event, the Mantel event eve	Be	17. Father's Name (First, Midd				_			18.		s Name (F				)	
yla	Man Man mrke eric	၉	Alphonzo			egec	1				Ра	ulin	ne Vi	nso	n		
Maryland			19a. Informant's Neme/Relati						Address (Stre								•
	of Health of Health I item 27		Charles O'	Vea.	I (Husk		-		Scotl		Dr						
Baltimore,	Pages nent of H		20a. Method of Disposition 1X Burial 2 ☐ Crematic	n 3 🗆	Removal from S	tate			tion (Name of atory or other p				Date		ocation - C	,	
Ħ	permit. Pages Department of Important: If it eny Injury or once.		4 □ Donation 5 □ Other (Specify) Gate of Heaven Cem.									2/	2/17   Silver Spring, MD				
Bal	Depariment Important		21. Signature of Buneral Service Licentifies  22. Name and Address of Fecility SNOWDEN FUNERA									RAL H	OME,	Р.	Α.		
_	40100		Sunga	11	100	co	well	LIRC	CKVIL	LE,	MD	20	20850				
			23a. Part1. Enter the spane shock, or heart failure. I	or com	plications that ca one cause on ea	used the ch line.	death. Don	ot enter	the mode of o	dying, su	ch es ca	ardiac or re	spiratory a	rrest,	i	Approximete Interval Between	
	Physician /Medical		Immediate Cause (Final						4	,	-		\ -			ŀ	Onset and Death
1	Examiner		diseese or condition resulting in death)		a Bu	, you	woby.	ic	Later	19	Sc	160	515				dyears
		e				/ Due	e to (or as a c	onsequ	ence of):							1	,
	uted d ansit	Examiner	Commenter than the state of the		b. ———	Du	e to (or as a c	00000111	, of):							i	
oʻ	fficate be axecuted g physician end es the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			Due	5 to (oi as a oi	orisaque	Brice Or).								
68760,	ite be nysicia	edical	Ceuse (Disease or Injury that Initieted events resulting in death) Last	5	C	Due	e to (or as e co	onseque	enca of):								
	ng ph		resulting in death) Cast													i	
Вох	eath cert	lan/l			d												
0	requires that tha death cert been signed by the ettandin hould be detached for use	Physician/M	Part II. Other significant cond	itions o	ontributing to dea	ith but n	ot resulting In	the und	lerlying cause	given in	Part I.		23b. Dld	tobacco	use cont	ributa to	the cause of death?
<u>D</u>	res that tha de igned by the e be detached f												1 🗆	Yes 2	2□ No	3 🗌 Prol	bably 4 Unknown
18,	signe bed bed	by				-						-:			Т	0.41 114	
0	v require been sig	etec											24a. Was perfo	an euto rmed?	psy	eve	ere autopsy findings eilable prior to mpletion of cause
of Vital Records,	S S S	Completed															death?
F	T ate	S											1 🗆	Yes 2	No No	1[	Yes 2□ No
VIII.	Physician: The this certificate ral director, page	Be	25. Was case referred to med examiner?	cal	Mosnitol:						Place o	of Death (C	heck only	one)			
of	Physic this c	T0	1 Yes 2 No			patient	2□ ER/Out	-	3LI DUA		Nurs	Ing Home	_				/)
	ang Aftar fune	ion	27. Manner of Death 1 Neturel 5 ☐ Per			Day Ye	28b. Ti	me or jury	28c. In		2 🗆 No		. Describe	now inju	ry occurre	a	
Si	Attending or death.  ector: Aftain by the fune	cat	2 Accident Investigation M 1 Yes 2 No									Location /	Straat ar	nd Numba	r or Rura	I Route Number,	
Division	after death after death Director: / d in by the	Certification:	4 Homicide determined determined building, etc. (Specify)								201.	City or To	wn, State	a)	0171010	7710010 . 10771001,	
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the										place, and	due to the	cause(s	) and man	ner as si	lated.	
	Ho Ho	edicai	(Check only one) 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurrence and manner stated.								occurred e	et the time,	dete and	d place, an	nd due to	the cause(s)	
	To the within 2 To the comple	X	29b. Signature and title of cartifier 29c. License number													Day, Year)	
	~	Jun Sur mo 044157										Feb	non;	13	11998		
	10		30. Name and address of pers	on who	completed cause	of death	h (Item 23a) (1	Гуре, Р	rint)	.\	^	1-11	10 0		1	100	2-1
	1		IRA Ber	)es	wh. s	१००	1 Note	5 W	rint) //// Ros	Ad.	, HO	CFUI	16 14	way	14UC/	30	22
	Sta	_	31. Date filed (Month, Dey, Ye	115	1996 N	gistrar's	Signature	RA	latt.								
	Registr	ar	1 [[	, 10	1330	Jua	, white the same of the same o	100	N-drad)								

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# Amended item #6, g-737, 7/17/96emh per fh Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			#19h	State of Maryla	and / Depa	artmen	t of H	lealth a	nd Me	ental Hyg	jiene			
	Amer	nde		N, Montgomery	Co Ce	rtificat	e of I	Death			leg. No.	96	05	54
4	Physici	ian	1. Decedent's Neme (First, Middle, La	si) 95 E.Khians	0	tro:			2	2. Dete of Dee Month	Dev	Year	3. Tiñ	of Deeth
1	/Medi Examir		4e. Fecility Neme (If not institution, giv		16	1140 :			vn, or Loca	-Chruar ation of Deeth	4c. County	996 of Deeth		8 Pm
1	Examil	iei	Suburban Hospita						hesd			gomer	V	
	Funeral		Sociel Security Number     6. S	7. Age (In yr	s. lest birthdey)	If Under Months	1 Year Deys	If Under 2 Hours	4 Hrs.	8. Dete of Birth (Month, Dey	Year)	9. Birthpi	iece (St	ete or Foreign
	Director		226-17-9073 Usuel Residence of Decedent	M ZLOF	51 Yrs.					April	4,1934	Iran		
	ylend Mar		10e. Slete 10b. County	10c. (	City, Town or Lo	cation						10	0d. Insid	le City Limits
	h the Marylend r 28a-f show	ctor	Virginia Fairfa	x Mc	Lean								1 🗆	Yes 2√ No
	it th	Dire	10e, Street end Number 1334			10f. Zip				1	0g. Citizen of \	What Coun	try?	
	s 23s	erai	133 Merrie Ridge		11.0	Was Dassa	2210		1.0.10	16 . 36	U.S.A		an In dia	
0	72 hours after death with the Manylend netural', or thems 23a or 28a-f show digal Examine I must be neithed at	Funeral Director	11. Maritel Stetus  1 ☐ Never Merried 2 ☑ Married	12. Wes Decedent Ever in Armed Forces?  1 Yes 2 No	0,5. 13.	If Yes, spec	cify Cuba	an, Mexican,	Puerto R	ify Yes or No- ican, etc.)		e - America ok, White, e		n,
5-0020	ours aft	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1□ Yes	2 <b>∑</b> No	Specify:			Specify	Whit	e	
5-0	72 net	Completed	15. Decedent's Ed (Specify only highest gra		16e. Dece (Give	dent's Usue kind of wo	el Occup	etion during most d)	of working	9	16b. Kind of Bu	ualness/Ind	Sustry	
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	i Hygi other	Be Co	17. Fether's Neme (First, Middle, Last)		поп	emake	er.	18. Mother	's Neme (	First, Middle,	Melden Sumen	Home		
ylar	should be filed vand Mentel Hygle smarked other turnetic avant, the	To E	Alexander Bousse	khians				Ceci	11e	Sobolov	skaya			
Maryland	0 0 2 6		19e. Informent's Neme/Reletionship (	Type, Print) 13	34133 Meilin	ng Address lerrie	(Street	and Number	or Rural	Route Number	r, City or Town,	State, Zip	Code)	
	1 end : Health em 27 i		Ohanes Petrossia:	n	McLea	n, Vi	rgir	nia 22	101		20c. Location -			•
nor	ant of t: H its y or o		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif	Removel from State	cemetery, crei olumbia	netory or o	ther plea		0 mtz 2					
Baltimore,	permit. Peges 1 end Depertment of Health Important: If Item 27 any Injury or other to once.		21. Signature of Funeral Service Licer	1100000000							er's So			-
Ö	Depermination of the policy of		* Leah M	Peter	5	130 W	Visco	onsin	Aven	ue, N.W	V.	,	TIIC (	
			23a Parti. Enter the diseese, or com- block, or heart feilure. List only	plicetions thet caused the de one ceuse on each line.	eth. Do not ent	er the mod	le of dyln	ng, such es c	cardiec or	respiretory err	est,	i	Approx	imete Between
Ň	Physician			+ 11	: 1			•				1		and Deeth
1	/Medical Examiner		Immediete Cause (Finel disease or condition resulting in deeth)		cad		arc	MON	na_			1	3	MO
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	ate be axecuted sysician end he burtel-transit	Examiner	Sequentially list conditions,	0.	(or es e consec	quence of):	JO	100	19				10	MIG
8760,	be axe cian e buriel-	al Ex	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury	c								İ		
687	22 2 -	edicai	thet initiated events resulting in deeth) Lest	Due to	(or es e conseq	uence of):								
Box	ires thet the death certifica signed by the ettanding pt d be detached for use as t	n/M		d										
		Physician/M	Pert II. Other significant conditions of	ontributing to death but not re	esulting in the u	nderlying c	ause giv	en in Pert I.		23b. Did to	obacco use co	ntribute to	the car	use of death?
P.0	requires thet the een signed by th hould be detach									JEY	es 2 No	3 Prob	ably	4 🗆 Unknown
ds,	signe d be d	d by								24e. Wes e	o outoney	24h We	ere euto	osy findings
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	The lew ate has b page 2 s	omo								1 🗆 Yı	es 2 No		Yea	2□ No
Vital		Be C	25. Wes case referred to medical examiner?					26. Place	of Deeth	(Check only or	Α			
of V	Physician: this certific ral director,	To	1 ☐ Yes 2 📉 No		☐ ER/Outpetier	-		4 LI Nun	sing Hom	e 5 🗆 Reside	enca 6 □Oth	er (Specify	1)	
on C	D = 0	ion:	27. Menner of Deeth Netural 5 Pending	28a. Dete of Injury (Month, Dey Yeer)	28b. Time of Injury	f 2	8c. Injun Worl	yet k? Yes 2 ∐ N		3d. Describe he	ow Injury occur	red		
Division	or Attending I efter deeth. Director: After I in by the fune	Certification:	2 Accident investigation 3 Sulcide 6 Could not be determined		home, farm, atr			165 201		of. Location (Si	treet and Numb	er or Rura	/ Route	Number,
ă	s efter	Sert	4 Homicide	building, etc. (Spec	cify)					City or Town	n, Stete)			
	To the Hospital or Attending Ph within 24 hours effer deeth. To the Funeral Director: After th completely filled in by the funeral	edicai (	(Check only 2 Medical Exam	ysician: To the best of my kr niner: On the basis of examin	nowledge, deeth	occurred e	et the tim	ne, dete end	pleca, en	d due to the c	ause(s) end me	enner as st	ated.	se(s)
	thin 2, the F mplet	Med	290. Signature and titla of certifier	end menner steted.				e number			9d. Dete signe			
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	10		30. Neme end eddress of person who	completed cause of deeth (Its	em 23a) (Type.	Print)	J W 1	001			,	111	1 1	J
_	Ψ		Peter Pushkos,	M.D. 11510 0	ld Geor	getow	m Ro	oad R	ockv	ille, M	D 2085	2		
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BALTIMORE, MARYLAND 21215-0020

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to the root that of the restriction of the root of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.

05542 96 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 946 MILDRED PERLUARY 2:10 AM " 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 1 🗌 M 2 😡 F 578-07-5517 96 Jan.21,1900 Washington, D.C. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hill Haven Nursing Home Adelphi Prince Georges RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Prince Georges Hvattsville 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER IN TIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2301 Erskin Street 20783 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 1 TES 2 X NO Specify: 3 € Widowed 4 ☐ Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) Coffege (1-4 or 5+) 8 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Frank Herrity BE Catherine Thorton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mildred P Hawthorne 23rd Avenue Hyattsville, Maryland 20782 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 2/14/96 Arlington National Cemetery Arlington, Virginia 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc. Mono 500 University Blvd., W. Sil.Spr., MD 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata interval Between Onset and Death shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel PNEUMONIA disease or condition 10 DAYS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ONGESTIVE KEART FAILURE 15 YJARS PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ne 5 🗆 Residence 6 🗆 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER SULLY UD BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D31563

11251 LOCKWOOD DRIVE SILVER SPRING 20901

32. REGISTRAR'S SIGNATURE Juli Davidson Radall 1996

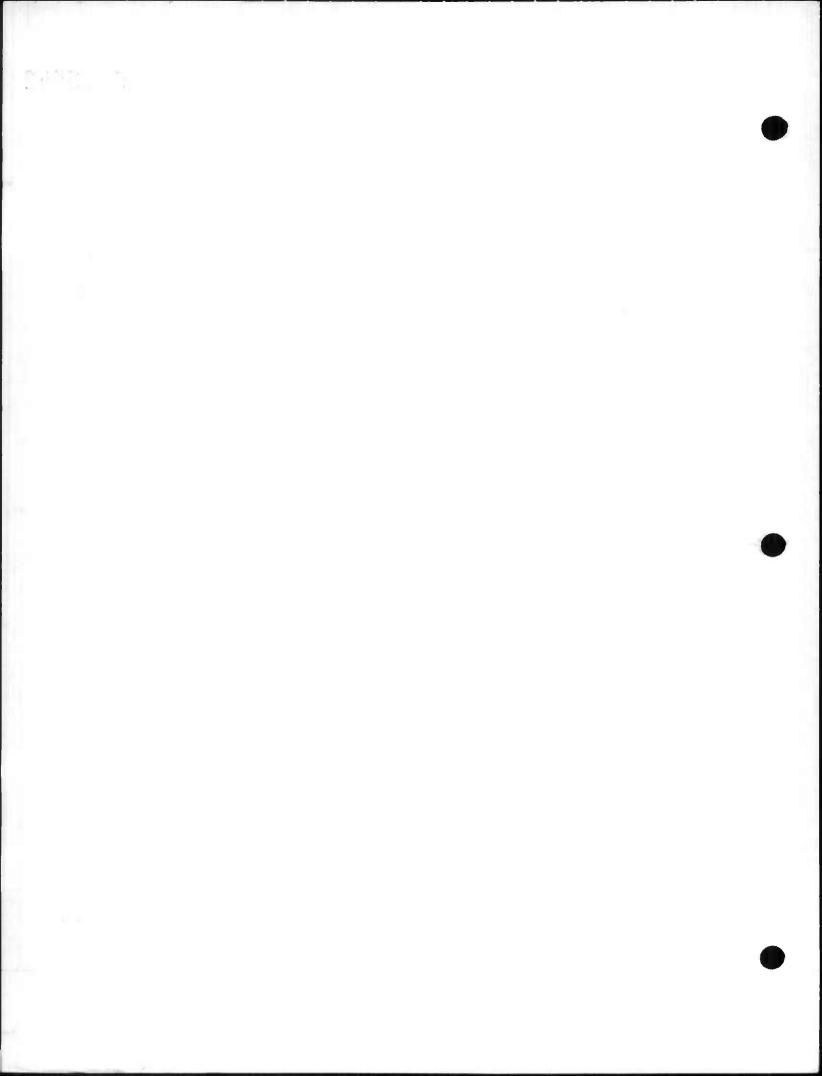
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHARLES M BENNER MD

31. DATE FILED (Month, Day, Year)

FEB 12

DEBRUARY 8, 1996

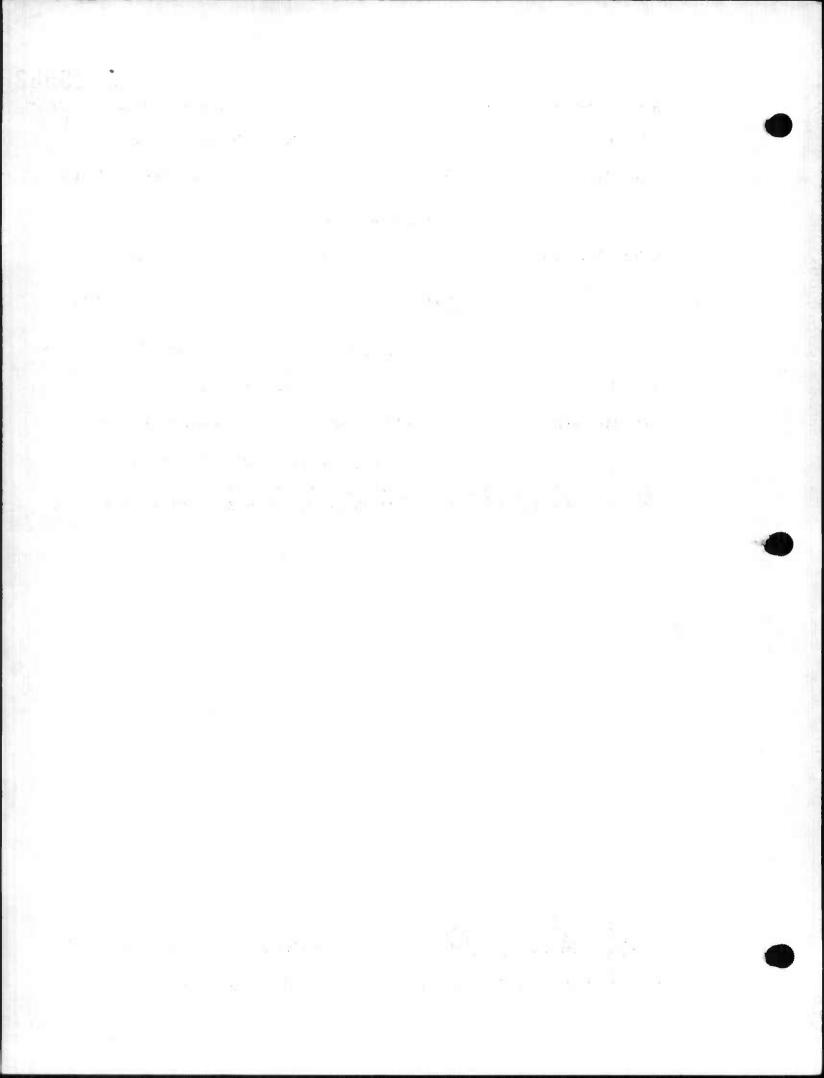


### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Certif	icate of	Death		Reg. No.	96	05543
	Physici	an	Decedent's Nama (First, Middla, L.	,					2. Data of Dea Month	Day	Year	3. Time of Death
	/Medic	al	Joseph Delton  4a. Facility Nama (If not institution, gi					45 Ohi Taura an	Februar			8:05 PM
	Examir	ier	819 Copley Lan						Location of Death Spring		ntgo	mery
	Funeral Director			Sax 7. Ag 1 XM 2□ F	ga (In yrs. last birti 81		Under 1 Year onths Days			7, Yaar) 1914	9. Birthp Cour V 1	iaca (Stata or Foraign itry) rginia
	wor #		10a. Stata 10b. County		10c. City, Town	or Locati	on				1	Od. Inside City Limits
	Man	tor	MD Montgo	mery	Silv	er S	pring					N Yas 2 No
	or 28	irec	10e. Street and Number			1	Of. Zip Coda			10g. Citizen of \	What Cour	ntry?
	23a	la l	819 Copley Lan	е			20904			Unite	ed St	ates
Maryland 21215-0020	2 should be filed within 72 hours efter death with the Maryland end Mentel hygiene. Is marked other than "natural", or items 23s or 28s-f show raumatic event, the Medical Exerting runn be noticed at	by Funeral Director	11. Marital Status  1 □ Navar Marriad 2 ☑ Marriad 3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forcas? 1 XYas 2 If Yas, Giva Yaar or Datas:			Decedant of is, specify Cu	Hispanic Origin? (s ban, Maxican, Puar Specify:	Specify Yas or No- to Rican, atc.)	14. Rac Blac Specify	e - Amaric ck, Whita,	
5-0	72 ho	ted	15. Decedent's E	Education		Decedent	's Usual Occi	ipation a during most of wo	ode im m	16b. Kind of B	usinass/Ind	dustry
121	s 1 and 2 should be filed within 72 hc f Heelth end Mentel hygiene. fem 27 la marked other than "natur other traumatic event, the Medical	Completed	(Specify only highast gi Elemantary/Secondery (0-12)	Collega (1-4or	5+)			ed)	rking	Traffic	. U.x	ld Magazine
12	hygier her th	Co	47 Fabruary (Floridae)	+ 2		Edi	tor					Id Magazine
anc	ntei H	Be	17. Fathar's Nama (First, Middla, Las Oscar M. Pattie	*					ma <i>(First, Middl</i> a, an Bargei		,	
7	thould d Me mark matic	P	19a. Informant's Name/Ralationship		19h	Mailing A	ddraes (Strae	at and Number or R				Codel
	od 2 s lith er 27 la trau		Nathalie Patti					Lane, Si			209	
Baltimore,	permit. Peges 1 and 2 Department of Heelth e Important: If item 27 is any injury or other tra once.		20a. Mathod of Disposition		20b. Placa of	Disposition			Data	20c. Location -		
9	ent o		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special Control of the Cont					1 Park	2/12/96	Rockvi	111e.	MD
alti	言語を正	Ì	21. Signature of Fluneral Service Liga		1 alkao	-		ass of Facility			,	
m	Depar Impor any ir		Mani & So	+ SA	Man			aldi Fune				***
			23a Parl1. Entar tha disaasa, or cor shock, or haart failura. List only	nplications that causa	tha death. Do n	ot antar th	OO New na moda of dy	Hampshing, such as cardle	c or raspiratory ar	Silver rast,	Spri	Approximata
	Physician		snock, or naart tailura. List only	ona causa on aach ii	na.				/	7	I	Interval Batween Onsat and Death
	/Medical		Immediata Causa (Final disaasa or condition	Arto	1 acolosta	- (	And	1, 1850	In el	0		Bous
-	Examiner		rasulting in death)	a. P VI	Due to (or es a c	onsequen	ce of):	(( ) ) ) ) )		suc		1
	Do ti	edicai Examiner		b								
	tificete be executed g physicien end as the burial-transit	хап	Sequentially list conditions, if any, laading to immediate		Due to (or as a c	onsequan	ca of):					
68760,	be e slcien buris	ig I	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated avants	c								
687	g phys as the	8	rasulting in death) Last		Dua to (or as a co	onsequan	ce of):				ŀ	
		2		d								
œ.	The law requires that the death cer ate hes been signed by the ettendir page 2 should be deteched for use	by Physician/	Part II. Other significant conditions	contributing to death b	ut not rasulting in	the under	tving causa o	iven in Part I.	23b. Did t	obacco use co	ntributs to	the causs of death?
P.0	the de by the contection that the contection that the contection that the contection that the contection that the contection that the contection that the contection that the contection that the contection that the conte	hys	Ac. A	V			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			rss 20 No		pably 4 □ Unknown
Ś	es tha igned be del	by	Hyprinsyca	- /Leur	NIA							
Division of Vital Records,	v require been si should	te g							24a. Was a		av	ara autopsy findings ailabla prior to
ec	hes be	Completed	-									mplation of cause death?
<u>—</u>		S							1 🗆 Y	as 2 No	10	Yas 20 No
V It	Attending Physician: The strength.  ector: After this certificate by the funeral director, per	Be	25. Wes casa referred to medical examinar?	Hospital:					ath (Check only o	na)		
of	ar in in	2	1 Yas 20 No 27. Manner of Death	1 LI inpatie			DOA		Ioma Resid			y)
o	ding h. After fune	tion	1 Waturel 5 ☐ Pending	28e. Dete of Inju (Month, Da	y Year) In	jury	28c. Inj W	ork? ☐Yas 2☐No	28d. Dascribe h	ow injury occur	rea	
18	Atten r deat ctor: y the	Certification:	3 ☐ Sulcida 6 ☐ Could not b	28e. Place of Inj	ury - At home, fer	111			28f. Location (S	treet and Numb	er or Rura	/ Route Number,
ă	Dire din t	er.	4 Homicida	building, at	c. (Specify)		,,		City or Tow	n, State)		
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fun	Salc	29a. Certifiar (Check only 2 Medical Exa	nyaician: To the best	of my knowledga,	death occ	curred at tha	ima, data and plec	e, end due to the	eusa(s) and ma	annar as s	ated.
	the H fin 24 fine Fu	edical	one)	miner: On the basis of and mannar st	axamination and ated.	or invasti	gation, in my	opinion, daath occ	urred at tha tima, o	lata and place,	and dua to	the cause(s)
	To to the man	Σ	29b. Signature and fitta of certifie		2			sa number		29d. Data signe		
			1 /of the	unin			N	08381		Februar	ry 9,	1996
	10X1		30. Nama and address of person who Dr. Ben Avrunin	completed cause of d				#T-14.	Olnev. M	)		
		te	31. Data filed (Month, Day, Year)		ar's Signatura	-						

DHMH 16 Rev 6/95



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REGISTRAR	STATE OF MARY			F DEATH	REG. NO		96 05544				
1. DECEDENT'S NAME (First, Middle, Last)	T31	T 5					YEAR 3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER		e I. Par		R F UNDER 24 HRS.	February 7. DATE OF BIFTH						
- THE CHARLES	1 M 2 V F	VDC	MONTHS DAY		(Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)				
300-05-5978  9e. FACILITY NAME (If not institution, give	212	88	Sh CITY TOW	N OR LOCATION OF D	March 24,		Ohio TY OF GEATH				
			300 0111, 1011			1					
RESIDENCE OF DECEDENT				Bethesd	a	N	Montgomery				
5811 Lone Oak D: FRESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland	Υ	10c, CIT	FY, TOWN OR LO	CATION		_	10d. INSIDE CITY LIMITS?				
	ontgomery			Bethesda			1 TYES 2 TO NO				
\$				101. ZIP COOE		10g. CITIZE	EN OF WHAT COUNTRY?				
5811 Lone Oak D	12. WAS DECEDENT EVER			2081			ited States				
	FORCES? 1 YES	8 2 X NO	If yes,	specify Cuban, Maxic	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)	es or No— 1	14. RACE — American Indian, Black, White, etc.				
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	CATES	1 T Y	ES 2 NO Speci	fy:		Specify: White				
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	JSINESS/INDU					
Li Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during ise retired.)	most or worlding							
12			Proces	sor	F	ervice					
12 17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maider						
7	Jacob Marri	ott			Josie L	eather	rman				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number, City or Tox	wn, State, Zip C	Code)				
Linda Inompsor		5811 1	Lone Oa	k Drive E	ast Bethesda, Maryland 20814						
20a. METHOD OF DISPOSITION 1 □ Burlei 2 X Cremation 3 □ Ren	oval from State 20	Tebruary 13 119901									
4 Donetton 5 Other (Speetly)  Montgomery Crematorium Inc.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY RODERT A. Pumphrey Funeral Home/											
21. SIGNATURE OF FUNERAL SERVICE CI	CENSEE		Rober Rober	AND ADDRESS OF FA	phrey Fune:	ral Ho	ome/				
Jenn Is	11		IRETH								
	attend.	M00335	Aveni	e Betheso	da. Marvla	nc. /5	5/ Wisconsin				
23. PART i. Enter the diseases, or ahock, or heart failure.	complications that couse	ed the death. Do	Avenu	e Betheso	da. Marvla	nc. /5	314-3501 at,   Approximate				
immediate cause (Final	complications that ceuse List only one cause on	ed the death. Do	Avenu	e Betheso	da. Marvla	nc. /5	14-3501				
anock, or haurt failure.	complications that couse List only one cause on	ed the death. Do each line.	Avenu	e Betheso	da. Marvla	nc. /5	at,   Approximate interval Betwee Onset and Deat				
immediate cause (final disease or condition	a. Hemolyti	ed the death. Do each line.	not enter the r	e Betheso	da. Marvla	nc. /5	at,   Approximate interval Betwee Onset and Dear				
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hemolyti.  DUE TO (OR AS	ed the death. Do each line.  C Anemia A CONSEQUENCE O	not enter the r	e Betheso	da. Marvla	nc. /5	at,   Approximate interval Betwee Onset and Dear				
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hemolyti.  DUE TO (OR AS	ed the death. Do each line.	not enter the r	e Betheso	da. Marvla	nc. /5	at, Approximate interval Between				
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Hemolyti  DUE TO (OR AS  OUE TO (OR AS	ed the death. Do each line.  C Anemia A CONSEQUENCE O	not enter the r	e Betheso	da. Marvla	nc. /5	at,   Approximate interval Betwee Onset and Deat				
immediate cause (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Hemolyti  DUE TO (OR AS  OUE TO (OR AS	ed the death. Do each line.  C ATIEMIA A CONSEQUENCE O	not enter the r	e Betheso	da. Marvla	nc. /5	at,   Approximate interval Betwee Onset and Deat				
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  COTODARY Artery  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. Hemolyti DUE TO (OR AS  b. OUE TO (OR AS  c. DUE TO (OR AS  d. DIS contributing to deeth This Disease  RIBUTE TO CAUSE (  HOSPITAL:	ed the death. Do each line.  C Anemia A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of DEATH  DF DEATH  28. PLACE OF DEATH  28b. TIM	In the underly  ES NO TH (Check only or OTHER: 4   Nursing H	Ing ceuse given in  UNCERTAL  One 5 Residence NURY AT VORK?	Part I. 24a. WAS APPENFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2X NO				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition Coronary Artery  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Pending Investigation	a. Hemolyti DUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d. DIS contributing to deeth T Disease  RIBUTE TO CAUSE ( HOSPITAL: 1   Inpatient 2   ER/Out 28a. DATE OF INJURY (Month, Dey, Year)	ed the death. Do each line.  C Anemia A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A	In the underly  ES NO TH (Check only or OTHER: 4   Nursing H. HURY M 1	UNCERTALION  UNCER	Part I. 24a. WAS AN PERFO 1 YES:	A AUTOPSY RMED?  2 M NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2X NO				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition Coronary Artery  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	a. Hemolyti.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  Dut not resulting  OF DEATH YI  28. PLACE OF DEA  tpetlent 3 □ DOA  (Y — At home, farm,	In the underly  ES NO TH (Check only or OTHER: 4   Nursing H. HURY M 1	UNCERTALION  UNCER	Part I. 24a. WAS AN PERFO	N AUTOPSY RMED? 2 M NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2X NO				
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other aignificant condition Coronary Artery  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicida 8 Could not be detarmined	A. Hemolyti. DUE TO (OR AS  B. OUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS	C Anemia A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting  OF DEATH YI 28. PLACE OF DEA tpettent 3 □ DOA	In the underly  ES NO TH (Check only or OTHER):  4 Nursing H. EOF M 1 Street, factory, of	Ing ceuse given in  UNCERTAIL  E)  UNCERTAIL  E)  UNCERTAIL  E)  One 5 © Residence  NJURY AT  WORK?  YES 2 □ NO	Part I. 24a. WAS AN PERFO 1 YES:  Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)	A AUTOPSY RMED? 2 🖾 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2X NO				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition Coronary Artery  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   NO  27. MANNER OF DEATH  1   Natural   5   Pending Investigation   3   Suicida   8   Could not be detarmined	a. Hemolyti DUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS established to deeth Disease  RIBUTE TO CAUSE ( HOSPITAL: 1   Inputlent 2   ER/Out 28e. DATE of INJURY (Month, Day, Year)  26e. PLACE OF INJUR building, etc. (Spi	A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  Dut not resulting  OF DEATH YI  26. PLACE OF DEA  tpettent 3 □ DOA  28b. TIM  IN.  IY — At homa, farm,  ecf(y)	In the underly  ES NO TH (Check only or OTHER: 4 Nursing H IE OF JURY M 1 street, tectory, of	Ing ceuse given in  UNCERTAIL  E)  UNCERTAIL  E)  UNCERTAIL  E)  UNCERTAIL  E)  Ome 5 \( \text{Residence} \)  NJURY AT  VORK?  YES 2 \( \text{NO} \)  Residence and due	Part I. 24a. WAS APPENFO 1 YES:  N	N AUTOPSY RMED? 2 N NO INJURY OCCU	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2X NO				
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other algnificant condition COTOTIATY ATTETY  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	A. Hemolyti DUE TO (OR AS  B. OUE TO (OR AS  C. DUE TO (OR AS  DUE	A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  Dut not resulting  OF DEATH YI  26. PLACE OF DEA  tpettent 3 □ DOA  28b. TIM  IN.  IY — At homa, farm,  ecf(y)	In the underly  ES NO TH (Check only or OTHER: 4 Nursing H IE OF JURY M 1 street, tectory, of	Ing ceuse given in  UNCERTAIL  E)  UNCERTAIL  E)  UNCERTAIL  E)  UNCERTAIL  E)  Ome 5 \( \text{Residence} \)  NJURY AT  VORK?  YES 2 \( \text{NO} \)  Residence and due	Part I. 24a. WAS APPENFO 1 YES:  N	N AUTOPSY RMED? 2 N NO INJURY OCCU	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  Coronary Artery  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   NO  10   Natural   5   Pending Investigation   1   Natural   1   Natural   1   Natural   2   Accident   1   Natural   2   Accident   1   Natural   3   Suicida   4   Homicide   4   Homicide   1   CERTIFYING PHYS	A. Hemolyti DUE TO (OR AS  B. OUE TO (OR AS  C. DUE TO (OR AS  DUE	A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  Dut not resulting  OF DEATH YI  26. PLACE OF DEA  tpettent 3 □ DOA  28b. TIM  IN.  IY — At homa, farm,  ecf(y)	In the underly  ES NO TH (Check only or OTHER: 4 Nursing H IE OF JURY M 1 street, tectory, of	Ing ceuse given in  UNCERTAIL  E)  UNCERTAIL  E)  UNCERTAIL  E)  UNCERTAIL  E)  Ome 5 \( \text{Residence} \)  NJURY AT  VORK?  YES 2 \( \text{NO} \)  Residence and due	Part I. 24a. WAS AN PERFO 1 YES:  N	A AUTOPSY RMED? 2 NO INJURY OCCU and Number or )	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2X NO				

Connecticut Avenue #606 Kensington, Maryland 20895-3910

36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

1996

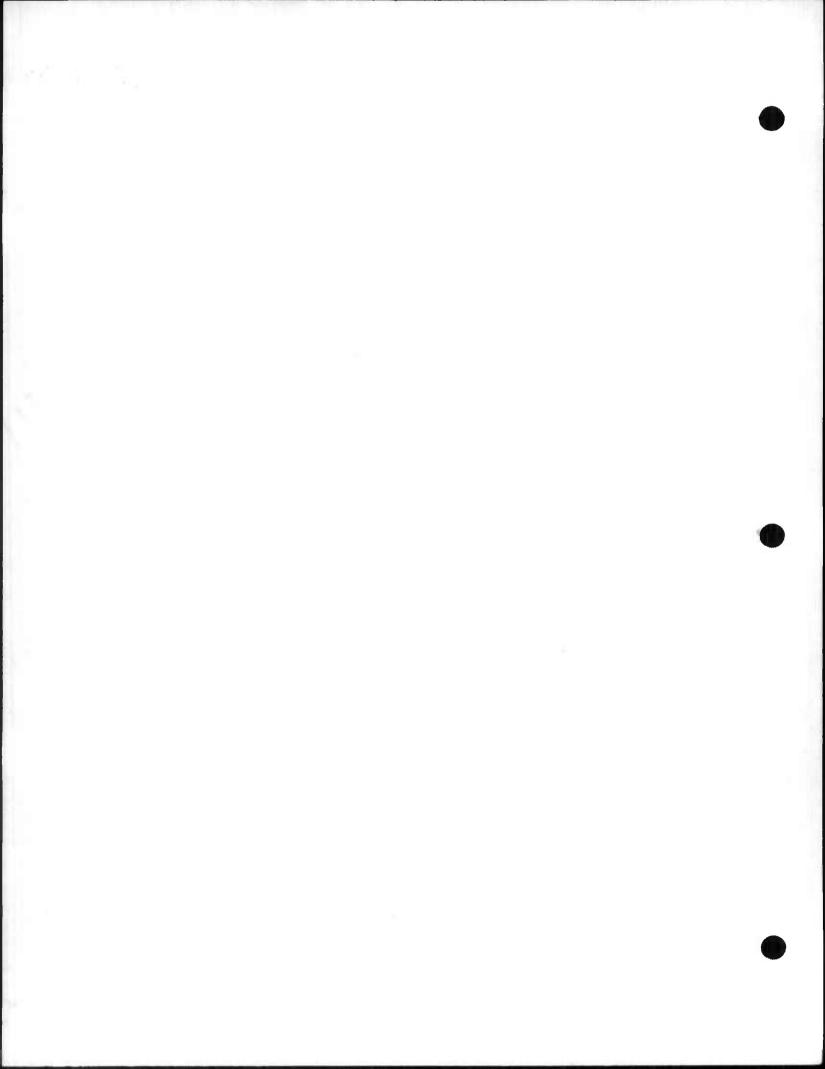
10400

32 REGISTBAR'S SIGNATURE

Richard Pollen

Day, Year)

31. DATE FILED (Month,



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

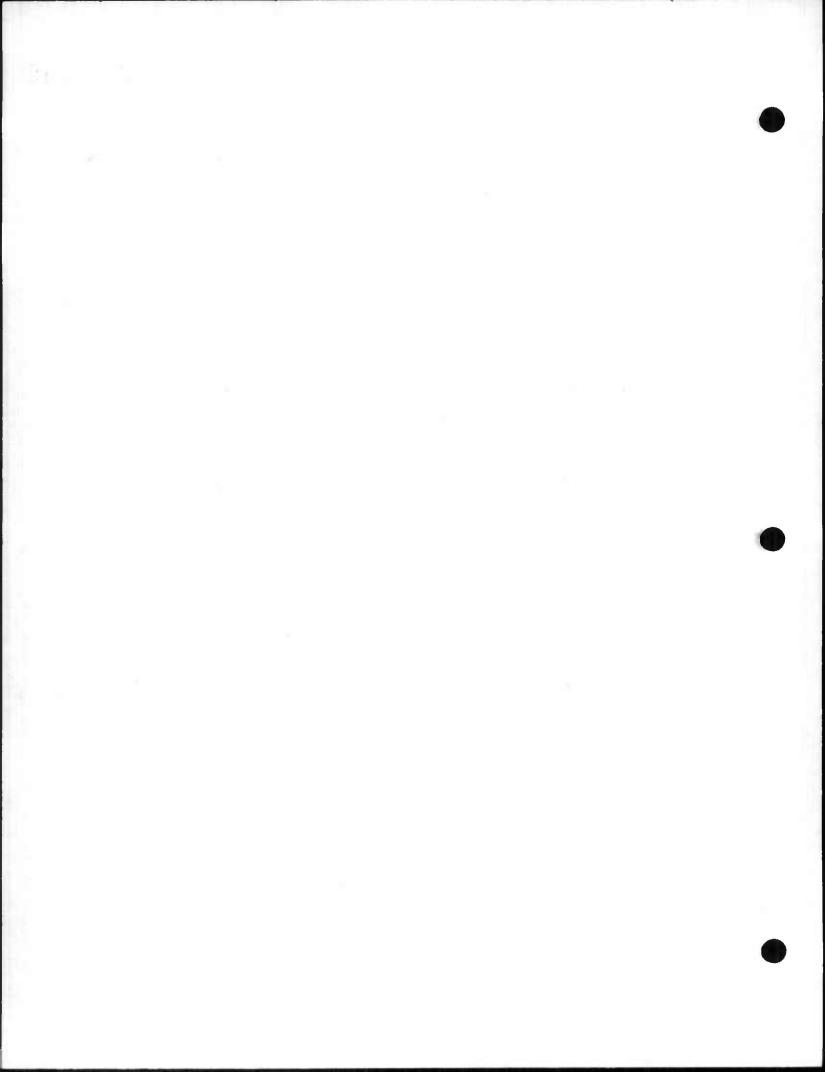
96 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	F DEATH			TIME OF DEATH	
	John W.	Presh	111737					HONTH Foby	אס	7 70	, 1996	9:30am	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	of the footback and a	IF UNDER 1 Y	I	IF UNDER 24 HRS.	7. DATE OF		10			
1			63				HOURS MIN.	(Month, I	Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign	
	220-28-7316	1 🔀 M 2 🗆 F	0.3	YRS.				Jan.	5, 1	.933	Ma	aryland	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	NO MWC	LOCATION OF DE			9c. COUNTY OF DEATH			
8	Washington Adv	entist	Hospit	al	al Takoma Park					MO	IONTGOMERY		
ĸ	RESIDENCE OF DECEDENT	CITCLE	TOBPIC	at Takona Fatk					MONIGOMERI				
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR I	LOCATIO	ON				10	Od. INSIDE CITY	
뜻	Maryland Mont	COMORU		Ι,	cnone	0 22	ville		1			LIMITS?	
	10e, STREET AND NUMBER	gomery			Spenc	_						XYES 2 NO	
₩.		D - 1	101. ZIP CODE							AT COUNTRY?			
FUNERAL	16712 Brogden	Road				1	20868				U.S.A	4.	
5	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. AR	MED	13. WAS	S DECEN	NDENT OF HISPAN	NIC ORIGIN?	Specify Yea	or No-	14. RACE	- American Indian,	
	1 Never Married 2 Married	IF YES, GIVE W	YES 2X	10			Ify Cuban, Mexica		en, atc.)		Black, V Specify:	Milita, atc. Black	
B≺	3 Widowed 4 Divorced					,	CENTO OPECIN	y.			эреспу:	DIACK	
	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OCCL	PATION		16b. K	IND OF BUS	INFSS/INI	DUSTRY		
ΕI	(Specify only highest grade		(G	he kind of v	work done duri	ng most	of worlding	100,1	01 503	M4E93/111	Jogini		
اج	Elementary/Secondary (0-12) 9th	College (1-4 or 5+	)			- 4 -	1	1 37	T TT				
COMPLETED			AII	шиа.	l Car	_			I.H.				
S	17. FATHER'S NAME (First, Middle, Last)					1	18. MOTHER'S NA	ME (First, Mid	die, Maiden	Surname)			
ш	Winfield Presb	ury					Dora	Bond	S				
8	19a. INFORMANT'S NAME (Type/Print)		198	b. MAJLING	ADDRESS (S	treet and	Number or Rural I	Route Number	City or Town	n. State. Zic	Code)		
임	Martha E. Pres	bury (w										ID 20868	
	20a. METHOD OF DISPOSITION	Dary (II							T				
	1 KBurial 2 Cremation 3 Remo	val from State	Park I	matory or o	OF DISPOSITION (Iner place)			DATE			City or Town		
	4 Donation 5 Other (Specify)	- 1	Parki	.awn	Mem.	Pa	ark	2/15	Ro	CKV.	ille,	MD	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICI	INSEE)		11			ADDRESS OF FA						
- 1	1 9000 I	CITY	10000	1011	SN	OME	DEN FUN	NERAL			P.A.		
-	10	(100	00000	eea	RO	CKV	/ILLE,	MD	2085	0			
ŀ	23. PART i. Enter the diseases, or c shock, or heart feilure. I	omplications thet	caused the da	ath. Do r	ot anter the	n moda	n of dying, suci	h aa cardia	c or respli	ratory en	reat,	Approximate	
	IMMEDIATE CAUSE (Final	not only one oug.	as on sacn ma	0								Interval Batween Onset and Death	
	disease or condition	D		A .		A.					Olisat and D		
			11/2001/17	nonia									
	resulting in death)	-			D							One month	
	resulting in death)	DUE TO	OR AS A CONSEC	DUENCE OF	,.		<u> </u>					One month	
NO	resulting in death)	DUE TO	OR AS A CONSEC	DUENCE OF	,.							one year	
ATION	Sequentially list conditions, if any, leading to immediate	PLA DUE TO	OR AS A CONSECUTION OF AS	QUENCE OF	nue			1.				one year	
ICATION	Sequantially list conditions,	PLA DUE TO	OR AS A CONSECUTION OF AS	QUENCE OF	nue	ci	ılar	des	ias	ı		one year	
TIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (  PLA  DUE TO (  PLA  DUE TO (	OR AS A CONSECTION OF A CONSECTION OF A C	QUENCE OF	nue	cı	ılar	dis	ias	ı		one year	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (  PLA  DUE TO (  PLA  DUE TO (	OR AS A CONSECUTION OF AS	QUENCE OF	nue	ci	ular uz	de	ias	ı		one year years	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (PUL)  DUE TO (PUL)  DUE TO (PUL)	OR AS A CONSECUTION OF AS	QUENCE OF	ras					-		one year years	
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO O	OR AS A CONSECUTION OF AS	QUENCE OF	ras				Ia. WAS AN	AUTOPSY		one works one year years years  years  All AN F PRIOR TO	
_	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO O	OR AS A CONSECUTION OF AS	QUENCE OF	ras			Part i. 2	In. WAS AN /	AUTOPSY MED?	AV CC	MILABLE PRIOR TO OMPLETION OF CAUSE	
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (PUL)  DUE TO (PUL)  DUE TO (PUL)	OR AS A CONSECUTION OF AS	QUENCE OF	ras			Part i. 2	Ia. WAS AN	AUTOPSY MED?	AV CC Of	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	DUE TO (	OR AS A CONSECUTION OF AS	AUENCE OF	ras	rlying o	cause givan in	Part i. 2	In. WAS AN /	AUTOPSY MED?	AV CC Of	MILABLE PRIOR TO OMPLETION OF CAUSE	
AN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR	DUE TO (	OR AS A CONSECUTION OF AS	AUENCE OF THE YEAR	ras	rlying o	cause givan in	Part i. 2	In. WAS AN /	AUTOPSY MED?	AV CC Of	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (	OR AS A CONSECUTION OF AS	AUENCE OF THE YEAR	The Check only	rlying o	cause givan in	Part i. 2	In. WAS AN /	AUTOPSY MED?	AV CC Of	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
MEDICAL	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO PUE TO CALL	(OR AS A CONSECTION OF AS A CONS	DUENCE OF DEAT	The check only  OTHER:	rlying o	cause givan in	Part i. 2	La. WAS AN / PERFORI	AUTOPSY MED?	AV CC Of	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO PUE TO CALL TO SPITAL:  126. DATE OF	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DEAT	The state of the s	one)	UNCERTAIN  5 - Residence	Part i. 2	PERFORI	AUTOPSY MED? NO	AV CC OF	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
Y PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO CALL IN INDUSTRAL:	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DEAT	The Check only  OTHER:  A DIVINING	one) Home	UNCERTAIN  5 - Residence	Part i. 2	PERFORI	AUTOPSY MED? NO	AV CC OF	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	DUE TO CALL INDUSTRIAL:    Contributing to Con	(OR AS A CONSECTION OF AS A CONS	DUENCE OF DEAT	The transfer of the transfer o	one) Home C. INJUR	UNCERTAIN  5 - Raeldenca	Part i. 2	Fa. WAS AN / PERFORI	AUTOPSY MED? NO	AV CC OF	MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH?	
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO CALL INDUSTRIAL:    Contributing to Con	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DEAT	The transfer of the transfer o	one) Home C. INJUR	UNCERTAIN  5 - Raeldenca	Part i. 2	Fa. WAS AN / PERFORI	AUTOPSY MED? NO	AV CC OF	MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH?	
TED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO CALL IN INDICATE OF BUILDING, 4	(OR AS A CONSECTION OF AS A CONS	DUENCE OF DEAT DOA 1895. TIMING	The transfer of the transfer o	one) Home C. INJUR WORK	UNCERTAIN  5 Residence  Y AT  (?)  2 NO	Part i. 2	PERFORITOR  YES 2  Specify)  BIBE HOW IN  ON (Street as fown, State)	AUTOPSY MED? NO	CURED OF Rural Rout	MILABLE PRIOR TO DOMPLETION OF CAUSE F DEATH?	
TED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident   Suicide   Could not be determined conditions   CERTIFYING PHYSIC Check only   CERTIFYING PHYSIC CONDITIONS   CERTIFYING PHYSIC CONDITIONS   CERTIFYING PHYSIC CONDITIONS   PHYSIC CONDITIONS   CERTIFYING PHYSIC CONDITIONS   CERTIFY   CONDITIONS   CERTIFY   CONDITIONS   CERTIFY   CONDITIONS   CERTIFY   CONDITIONS   CERTIFY   CONDITIONS   CONDITION	DUE TO CALL IN INDICATE OF BUILDING AN: To the best of a select the selection of the select	(OR AS A CONSECTION OF AS A CONS	DUENCE OF DEAT DOA 180. INJ	The treet, fectory,	riying cone) Home c. INJUR WORK Ves office	UNCERTAIN  5 Residence WY AT S 2 NO	Part i. 2	Specify)  IIBE HOW IN  ON (Street as fown, State)	AUTOPSY MED? NO NO NO NO NO NO	CURED  CURED	MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO	
MPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO CALL IN INDICATE OF BUILDING AN: To the best of a select the selection of the select	(OR AS A CONSECTION OF AS A CONS	DUENCE OF DEAT DOA 180. INJ	The treet, fectory,	riying cone) Home c. INJUR WORK Ves office	UNCERTAIN  5 Residence WY AT S 2 NO	Part i. 2	Specify)  IIBE HOW IN  ON (Street as fown, State)	AUTOPSY MED? NO NO NO NO NO NO	CURED  CURED	MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO	
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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Mary		rtificate of		,	eg. No.	96	5514
	Physic	ian	Decedent's Name (First, Middla, Le					2. Date of Dea Month	Day	Year 3.	Time of Death
	/Medi	cal	SIMEON Washing  4e. Fecility Name (If not institution, gire		MER		4b. City, Town, or L	FEBRUAR	Y 11, 1	996	+.30 PM
	Examii	ner	Prince Georges								
-					yrs. last birthday	If Under 1 Yeer	Chever			e Georg	
	Funeral Director		577-11-8243	15xM 2□ F 3		Months Days	Hours Min.	8. Date of Birth (Month, Dey Jan 26	, 1966	West	(Stata or Foreig Indies
and	ž		Usuel Residence of Decadent  10e. Stete 10b. County	10	c. City, Town or L	ocation				10d Ir	side City Limit
Many	f sh	0	Md. Prince			177.5					OXYes 2□N
the	28	Director	10e. Street and Number	e Georges	MU.	Ranier		1	Og. Citizen of V	What Country?	
with	8 2		3323 Chauncey P	1200 #101			712		Jama		
Jeath	22	Funeral	11. Meritel Status	12. Wes Decedent Ever	in U.S. 13.			pecify Yes or No-		e - American In	dien,
72 hours after death with the Maryland	"natural", or items 23s or 28s-f show idical Examiner must be not fed at	by	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces?  1 Yes 2 No If Yes, Give Year or Dates:		If Yes, specify Cub 1 ☐ Yes 2 2 No	Hispanic Origin? (Sp an, Mexican, Puerto Specify:	Rican, etc.)	Specify	k, White, etc. Black	
72 ho	natur	Completed	15. Decedent's E	ducation	16a. Dece	16a. Decedent's Usual Occupation (Give kind of work dona during most of working					r
C	- 20	nple	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4or 5+)	lifa.	DO NOT usa retire	( dona during most of working a retired)				
w belii	100	Co	11th			Pai	nter			-Employ	red
<b>B</b>	d d	Be	17. Father's Name (First, Middla, Last	)			18. Mother's Nam		Ma <i>ld</i> an Su <i>m</i> am	a)	
pino	Merke	1º	Soloman Palmer					l Page			
22	thend 7 le m traum		19a. Informent's Name/Relationship (			-	t and Number or Rui				
ges 1 an	Department of Health e Important: If Item 27 le any Injury or other tra- once.		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐	Removal from State	Ob. Place of Disp	NOCK Cree osition (Nama of matory or other pla	ek Ch. Rd		Wash., 20c. Location -		
it. Pe	rtant njury		4 Donation 5 Other (Special			ek Cemete		2-17-96	Washi	ngton,	D. C.
med	Depa Impo any I		21. Signature of Funeral Servica Lice	1500		2. Name end Addre R. N. Ho	orton Co.	Mortici	ans. In	C.	
	_		23a. Pert1. Enter the disease, or com	toro	don'th Donot an						roxlmate
/1	ysician Medical caminer		shock, or heert failure. List only immediate Cause (Final disease or condition resulting in death)	one cause on eech line.			archal			inter Ons	rvel Between et and Death 2 day.
petr	Jusit	Examiner	_	b. ————							
icate be executed	physician and the burial-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	Due	to (or as a conse	quence of):				1	
te be	ysicia 10 but	edical	that initiated events	c	to (or es e conse	quence of):		1			
certifica	ettending phy I for use es th		resulting in death) Lest	d							
death	for u	Physician/M									
the d	at ag	ysi	Part II. Other significant conditions of						obacco use cor		
s that	igned by be detec	by Pt	Khen	matic H	lint	12 seas	~	1 U Y	es 2 No	3 Probably	4 Unkno
law requires that	been s should	Completed t						24a. Was a perform		eveileble	utopsy findings e prior to ion of cause ?
The la	ate hes page 2	E O						1 🗆 Y	es 2KNo	1 □ Yes	2 No
		Bec	25. Wes case referred to medical				26. Piace of Deal	th (Check only or	na)		
Physician:	S D	To	examiner? 1 Yes 2 No	Hospital: Inpatient	2 ER/Outpatie	nt 3 DOA Ot	her: 4 Nursing Ho	ome 5 Reside	enca 6 Othe	er (Specify)	
	h. After thi funeral		27. Manner of Death  1 Naturei 5 Pending	28a. Dete of Injury (Month, Day Yea	ar) 28b. Time o	of 28c. Inju Wo	ry at rk?	28d. Describe h	ow injury occurr	ed	
Attending	death. ctor: Af y the fu	catic	2 ☐ Accident investigatio				Yes 2□No				
tal or Att		Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - building, etc. (S)	At home, farm, st pecify)	reet, factory, office		28f. Location (Si City or Town	traet and Numb n, Stete)	<i>er or Rural R</i> ou	te Number,
e Hosp	thin 24 hours efter the Funeral Dire mpletely filled in b	edical		nysician: To the best of my miner: On the basis of exa end manner stated.							
To the	within 24 To the Fu completer	Me	29b. Signeture end title of certifier	4		29c. Licens	se number	2	9d. Date signed	d (Month, Day,	Year)
	0		> busharl	Berand		D	26287	)	2/12	196	
4			30. Name and address of person who MBENAND	completed cause of death	(Item 23a) (Type	Print)	De 107	Coll	lex Pr	tan M	1) 207
4	Sta		30. Name end eddress of person who MBENANC 31. Date filed (Month, Day, Year)	completed cause of death  730 \$ 32. Registrar's \$		Print)	he 107	Coll	lezi Pr	tan M	り

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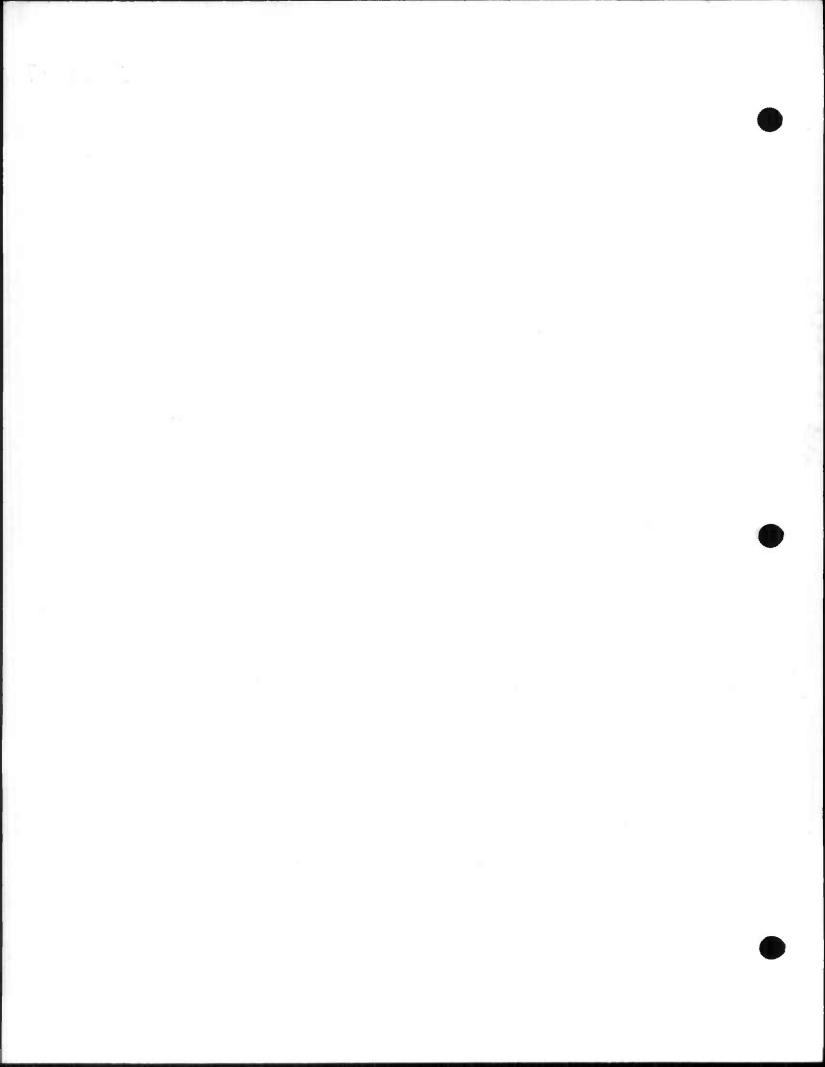
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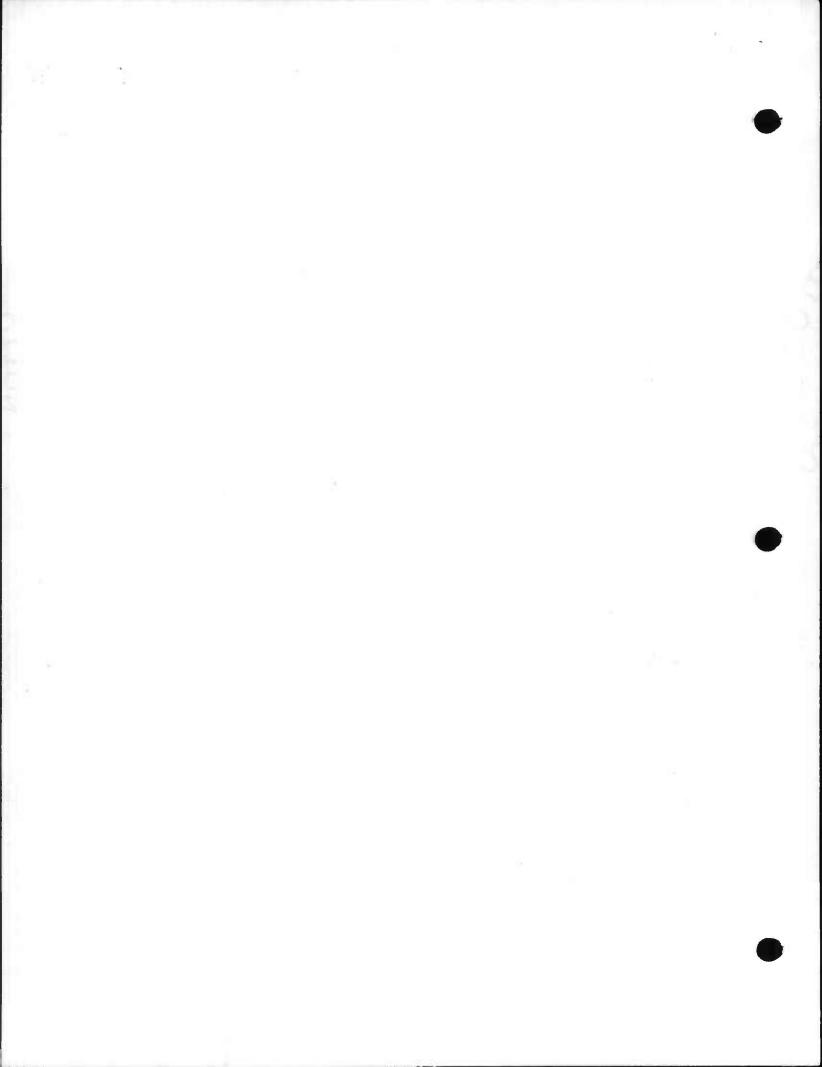
### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	TIEGIOTTATI			LHIII	CALE	OF	DEALH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)  JUSTINE	KAY	D.C	)PE				2.	DATE OF DEATH	W 1	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			ost birthday)	IF UNDER 1 Y	vean T	IF UNDER 24 H	_	DATE OF BIRTH	- 7	0	1-A4
	043.07.2927	1 M 2 XF	87	YRS.		DAYS		m. DC	(Month, Day, Ybar) CT. 27, 190	8	Country)	ACE (State of Fore) SYLVANIA
_	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TO	OWN O	R LOCATION	_			NTY OF DEAT	ГН
CTOR	CARRIAGE HILI	BETHESDA			F	BETH	HESDA			MONTGOMERY		
ш	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR	LOCATI	ON			10d. INSIDE CITY		
O.B.				WAS	SHINGT	CON	D.C.				2	LIMITS?
¥	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF WHAT COUNTRY?	
<u> </u>	4000 CATHEDRAL A	VENUE N.W.	APT.	629 I	3		200	16		1	U.S.A.	
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. A	RMED NO	13. WA	S DECE	ENDENT OF H	SPANIC (	ORIGIN? (Specify Yes	or No-	14. RACE —	American Indian,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 YES 2 X NO Specify: Specify:						WHITE		
ED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. Di	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								
	Elementary/Secondary (0-12)	College (1-4 or 5+)	- III	life. Do NOT use retired.)								
COMP		+2	EDI	ITORIAL ASSISTANT   CONGRESSIONAL RECO					CORD			
_	17. FATHER'S NAME (First, Middle, Last)	DITTI							(First, Middle, Maiden			
BE	MICHAEL  19a. INFORMANT'S NAME (Type/Print)	RILIK	A BAA	1000000				NA GEMEA			0012	
ဥ	, ,,,							Number, City or Town			20016	
	LOUISE BARKIN 200. METHOD OF DISPOSITION				CATHEL F DISPOSITION			N.W	I. APT.62		_	
	1 Burial 2 Cremation 3 Remo				ORT CF			i.	2/23 ALEX	A MIND	City or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LICE		****	COLIL				F FACILIT	y JOSEPH	GAWI	ER'S	ONS
	· Kiahym	Y eters							WASHINGT			
LION	disease or condition resulting in death)  e. Probys / DSCV by Accordent  Due TO (OR AS A CONSEQUENCE OF):  b. Attentially list conditions, if sny, leading to immediate out to (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  d.											
	PART II. Other significant conditions	contributing to deeth	but not i	resulting in	n the unde	rlying	ceuse give	n in Par	t I. 24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FIND
MEDICAL	1-1 / /	nlstig nottab		PERFORMED? AW CO OF					AILABLE PRIOR TO MPLETION OF CAI DEATH?  YES 2 NO			
	DID TOBACCO USE CONTR	IBUTE TO CAUSE (	OF DEA	TH YE	S 🗆 NO	D 🗆	UNCER	AIN [	<u> </u>			2 144 2 13 114
SICIAN:		HOSPITAL: 1   Inpetient 2   ER/Ou			H (Check only							
⋛║	27. MANNER OF OEATH	28e. DATE OF INJURY		28b. TIME	OF 28	c. INJU	RY AT		Other (Specify) d. DESCRIBE HOW IN	JURY OC	CURED	
1 L	1 Natural 5 Pending 2 Accident Investigation	(Month, Dey, Year)		INJU	JRY M	WOR						
LED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Sp.	ry — At ho ecify)	ome, farm, st	treet, fectory,	, offica		281	LOCATION (Street as City or Town, State)	nd Number	or Rural Rout	Number,
OMPLE	29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSIC 2 🗌 MEDICAL EXAMINER	IAN: To the best of my kno	wiedge, da on and/or	eth occurre	d at the time	, deta a	and place, end ath occured a	due to ti	he cause(s) and man	ner ae atat I dua to th	ed. e cause(s) an	d manner as stat
S S	296. SIGNATURE AND TITLE OF CERTIFIER	120	7				29c. LICENSE	NUMBER		29d. DATI	E SIGNED (M	onth, Day, Year)
0	105. Cm	Mn /10					DII	124	¥	<b>)</b>	2/11/9	36
	30. NAME AND ADDRESS OF PERSON WHO	mhan M	PATH (ITE	M 27) (Type,	Print)	Con	M. h	1	Cheny C	Phes	2 /1	208
	ST. DATE FILED (Month, Day, 1987)  FFR 15' 1996	32. DEGISTRAR'S SIG	NATURE	wall							-	



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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me	nded #7, 2/15/96, MRT, Mon  1 - STATE REGISTRAR  STATE OF MARYLAN	ND / DEPAR		IEALTH AND N	IENTAL HYGIEN	_	5	05548				
	1. DECEDENT'S NAME (First, Middle, Last) Esther M. Peace	96° 3	TIME OF OEATH: 15 p.m.									
	243-16-1468 1□ M 2 X TNF 7(	yrs. lest birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Days Vend) CLOD > 1 0,	1919		n, N.C.				
TOR	9a. FACILITY NAME (If not institution, give street and number)  Manor Care Health Center  RESIDENCE OF DECEDENT		96. CITY, TOWN C	or Location of DE	TH	% county of beath Montgomery						
DIRECTOR	10e. STATE 10b. COUNTY N.C. Nash		y, town or local					I. INSIDE CITY LIMITS? YES 2 \( \square\) NO				
FUNERAL	1305 Planter Street			10g. CITIZEN OF WHAT COUNTRY?								
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES  IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	CENDENT OF HISPANI ecity Cuban, Mexican 5 2 NO Specity:	C ORIGIN7 (Specify Yes Puerto Ricen, etc.)	s or No — 14	Black, WY					
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)  1.2 N / A	Give kind of the Do NOT us  Homem		ON ost of working	166, KIND OF BU	siness/indus						
E COMPL	17. FATHER'S NAME (First, Middle, Last) Charlie Morrison	-10.110.11		18. MOTHER'S NAM	E (First, Middle, Maiden							
TO B	19e. INFORMANT'S NAME (Type/Print)  LaWanda Peace				r Spring,							
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal from the Complete 1 Company 1 Company 2 Company	aceand date	denlectery	nme of	2/10 Elm	City,	N.C.	State				
_	Thomas J. Cleghur	2	7288	ire Funer Georgia	al Service Ave.,N.W.	- Inc Washi	ngton	,D.C. 20				
		6/255/	05 F		ea cardiac or respi		t,	Approximata Interval Between Onset and Dea				
	Sequentially list conditions,	gon PE	215/02	(				725				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
MEDICAL C	PART II. Other aignificant conditions contributing to death but		In the underlying		art i. 24a. WAS AN PERFOR	MED?	CON DF I	RE AUTOPSY FINDING ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 1 LNO				
PHTSICIAN:	EVAMBLEDO		TH (Check only one)	UNCERTAIN				100 100				
	HOSPITAL:  1   YES YENO	28b. TIM	E OF 28c. INJ URY WO	RK?	Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCUP	RED					
160 01	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY - building, etc. (Specify)	At home, farm, s		res 2 No	281. LOCATION (Street a City or Town, State)	and Number or	Rural Route	Number,				
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledgen one) 2 MEDICAL EXAMINER: On the besid of examination of							manner as stated.				
10 BE	296. SIGNATURE AND TITLE OF STUTION	- mE		D25	(2 Z	29d. DATE S	_ /	nth, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ROBERT MINE 31. DATE FILED (Monith, Day, Year)  32. REGISTRAR'S SIGNATU	IRE CON	Print)	4	wer,	mo	20	208				
	FEB 15 1996 Julia Davides	Rardall			<u> </u>			DHMH-18 Rev 1				



in Davidson Randall

**DHMH 16 Rev 6/95** 

Registrar

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

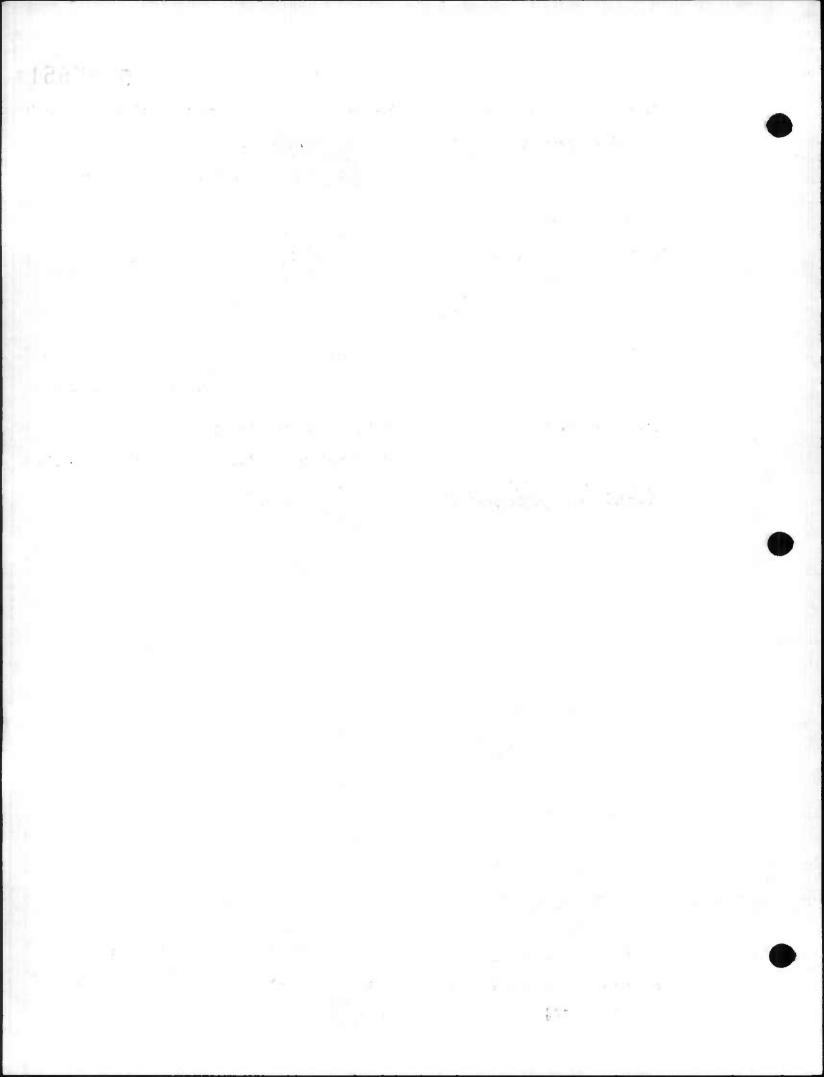
					Certifica	ale or i	Dealli	4		96	0555
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Exami		4a. Facility Neme (If not Institution, g				4	b. City, Town, or L	ocation of Death	4c. County	THE REAL PROPERTY.	
e		Laurel Regional  5. Sociei Security Number 6.		e (In yrs. last bir	# # HInd	dar 1 Year	Laurel If Under 24 Hrs.	8. Dete of Birth	PRINCE		
Funeral Director		577-72-1447 Usuel Residence of Decedent	11 X M 2□ F	50	Yrs. Months		Hours Min.	(Month, Day, Sep. 30	, 1923	Phi	lce (Stete or Fore Y) lippines
yend Mend		10a. Stete 10b. County		10c. City, Tow	n or Location					10	d. inside City Lim
Man	jo	Md. Prince	George	La	urel						1 □ Yes <b>※</b> ※
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nwint / z nous attar beam win the marylen iene. Then "natural", or frems 23s or 28s-f show the Modical Examiner must be notified at	Funeral Director	11. Marital Status	12. Was Decedent Armed Forces? 1 Yes 2	Ever in U,S.	if Yes, sp	pecify Cube	ispanic Origin? (Sp n, Mexicen, Puart	pecify Yas or No- Rican, atc.)	14. Red Ble	ce - America ck, White, e	n Indien, tc.
tural', or	by	3 Widowed 4 Divorced	If Yes, Give Yeer or Detes:			XXNo	Specify:			<sup>y.</sup> Asia	
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th end Men 7 is marks traumatic	-	19a. Informent's Neme/Reletionship	(Type, Print)	19b	. Meiling Addre	ess (Street	end Number or Ru		City or Town	, Stete, Zip (	Code)
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Department of Important: If any Injury or once.		21. Signetura of Funarei Service Lic	ensee				ss of Fecility		7		
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DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

					C	Pertificate	e of Death		Reg. No. Q	5 (	15551
	Dharaia	:	1. Decedent's Nama (First, Middla, Last	1)				2. Data of D Month	eath Day	Year	3. Tima of Death
	Physic /Medi		Roger	Michael		Phebus		Februa		996	9:37 PM
	Exami		4a. Facility Nama (If not Institution, giva				4b. City, Town,	or Location of Dea		of Death	
			Frederick Memori	al Hospital			Freder		Fre	ederi	ck
	Funeral Director		5. Social Security Number 6. Se 220-09-7107	7. Aga (In	yrs. last birtho	Months		lin. (Month, D	rth ay, Year)	9. Birthp Coun	laca (Stata or Foreign
			Usuai Rasidance of Dacadant					Mar 8,	1922	_Mar	yland
	ylan		10a. Stata 10b. County		c. City, Town o					1	0d. Insida City Limits
	Ma Fee	to	Maryland Frederi	.ck	Frede	rick					TX Yas 2 □ No
	th th	ire	10e. Street and Numbar			10f. Zip (	Coda		10g. Citizan of V	Vhat Coun	itry?
	th with the Marylan 23s or 28s-f show	ai	418 North Market	Street			21701		U.S.	Α.	
5-0020	72 hours efter death with the Maryland naturel*, or flems 23a or 28a-f show filted Examiner must be notified at	by Funeral Director	11. Marital Status  1 Navar Married 2 Married  3 Widowad 4 Divorced	12. Was Decedent Evan Armed Forcas? 1 X Yas 2 □ No If Yes, Giva 9— Yaar or Datas: 7—	13-45- 28-46		ant of Hispanic Origin? fy Cuban, Maxican, Pi No Specify:	(Specify Yas or Nuarto Rican, atc.)	o- 14. Rac Blac Specify	e - Amaric ck, Whita,	
20	"naturel",	Completed	15. Decedant's Edu	ication	18a. De	cedant's Usual	Occupation		16b. Kind of Bu	isinass/Inc	dustry
2121	c	pie	(Specify only highast grad Elementary/Secondary (0-12)	Collega (1-4or 5+)			k dona during most of a retired)				
21	od wil	Con	11		Fr	ozen Fo	ood Manage:	r	Retail	. Gro	cery Store
pu	be filed withintel Hygiene. d other than	Be	17. Fathar's Nama (First, Middla, Last)	777	_		18. Mothar's	Nama (First, Middle	a, Maldan Sumam	-	
<u>X</u>	should be filed v ind Mentel Hygie i marked other ti umatic event, th	To	Roger	Elmer	ŀ	PHEBUS	Anna	a Gr	ace	0'0	Connor
Maryland	C1 00 10 00		19a. Informant's Name/Relationship (T)	ype, Print)	19b. M	lalling Addrass	(Street and Number of	Rural Route Numi	ber, City or Town,	Stata, Zip	Code)
	s 1 end 2 should f Health and Men tem 27 is marke other treumatic		Mrs. Mabel Phebu		418	N Marke	et Street,	Frederic	k, Maryl	and	21701
0	t of H		20a. Mathod of Disposition 1 □ Burlal 2 ☑ Cramation 3 □ F	Removal from State	cemarary,	cramatory or off	nar piaca)				
tim	ment tant:		4 ☐ Donation 5 ☐ Othar (Specify)		mithsb		matory Feb	5,1996	Smiths	ourg,	Maryland
Baltimore,	permit. Pages 1 end Department of Health Important: If item 27 any Injury or other tr pages.		21. Signature Funarai Sarvice Licens	111	0706	Vacanar	Address of Facility  A Basford  Thurch Street	d P.A. Fu	neral Ho	me	701
	_		23a. Part1. Enter the disease, or comp shock, or heart failure. List only o	lications that caused tha	daath. Do not	antar tha moda	of dying, such as can	diac or raspiratory	arrest,	D_2L	Approximata Intarval Between
	Physician										Onset and Death
	/Medical		Immediata Causa (Final disaasa or condition	Sex	'sis	consequanca of):					1/28/96
п	Examiner	L.	rasuiting in daath)	Dua Dua	to (or as a con	sequanca of):					
	D #	i e		lente	of en	~				į	
	deeth certificata be executed e attending physician and of for use as the burial-transit	Examiner	Sequentially list conditions,	Dua	to (or as a con	sequance of):					
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	= 0.0	/Me		d						i	
Вох	atten for u	ian								I	
o.		ysic	Part II. Other eignificant conditions con	ntributing to death but no	t rasulting in th	a undariying ca	usa givan in Part I.				the cause of death?
<b>Q</b>	es that tigned by		Kern 1	tai- lux				10	Yes 2 No	3EProt	bably 4 Unknown
Records,	requir	Completed by	Henry	melia					s an autopsy ormad?	ave	ara autopsy findings allabia prior to mplation of cause daath?
Ä	The lew ata has b page 2 s	Eo						10	Yas 20 No	1.5	]Yas 2□ No
Vital		BeC	25. Was casa rafarrad to medical				26. Placa of	Death (Check only			
<u>&gt;</u>	Physician: this certific ral director,	ToB	axaminar?	lospital:	2 ☐ ER/Outpa	itient 3 DO/	Other	g Homa 5□ Ras		ar (Specifi	v)
1 0	E = E		27. Mannar of Death	28a. Data of Injury (Month, Day Ye		a of 28	lc. Injury at Work?		how injury occurr		//
0	Attending or death. ector: After by the fune	atio	12 ☐ Natural 5 ☐ Panding invastigation	(World), Day 1 o	ar) Inju	M	1 Yas 2 No				
Division	or Attendil after death. Director: A in by the fu	Certification:	3 Suicide 6 Could not be datarmined	28a. Place of Injury - building, atc. (S	At homa, farm,	streat, factory,	office		(Street and Numb	er or Rura	Route Number,
	tal or rs afte al Dir	Ce									
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completely filled in by the fune	edical	(Check only 2 Medical Exami	sician: To the best of my ner: On the basis of axa	knowledga, da	aath occurred a	t tha tima, data and pl	ace, and dua to the	cause(s) end ma	nnar as st	ated.
	the hin 2 the fundamental the	Med	one)	and mannar stated.							
	No. To Vit		29b. Signatura and titla of certifier				Licansa number		29d. Data signed	1 (Month, I	Day, Year)
			K.fond			و_	21648		2141	76	
			30. Nama and addrass of person who co	omplated causa of daath		pe, Print)	9th (1	vaci F.	· lail	برر	1011
	-01		31. Data filad (Month, Day, Year)	32. Registrar's		10 A W	, , , ,				
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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

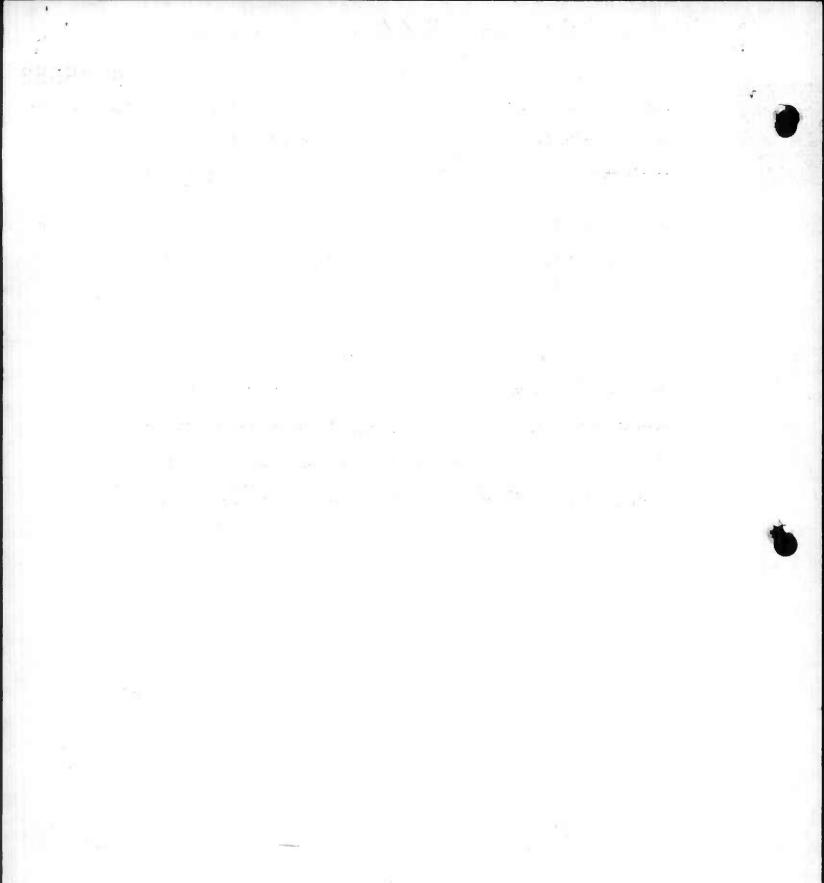
			Certificate of Death	Reg. No. 95 05	552		
	Physic	ian	Decedent's Neme (First, Middle, Last)	2. Dete of Deeth  Month  Dey  Year  3. Time of	Death		
	/Medi		Spencer C. Powers, Jr.	February 11 1996 9AM			
	Examir		4e. Fecility Neme (If not institution, give street and number)  4b. City, 1	own, or Location of Deeth 4c. County of Death			
			1744 Havre de Grace Drive Edge	vater Anne Arundel			
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year If Under	24 Hrs.   8. Dete of Birth   9. Birthplece (State or Country)	Foreign		
	Director		218-36-3373 XXM 2 F 57 Yrs. Months Deys Hours	March 10 1938 Maryland			
	be filed within 72 hours efter death with the Meryland itsi Hygiene. I other than "natural", or itema 23a or 28a-f show event, the Medical Examiner must be notified at	ō	10a. Stete 10b. County 10c. City, Town or Location	10d. Inside City 1 ☐ Yes			
	the N	Funeral Director	MD Queen Anne Stevensville  10e. Street and Number 10f. Zip Code		AA		
	E O E	급		10g. Citizen of Whet Country?			
	ath 23	era	907 May Lane 21666	United States			
	er de Hem	L L	11. Marital Stetus  12. Wes Decedent Ever In U,S. Armed Forces?  13. Wes Decedent of Hispenic C If Yes, specify Cuban, Mexic	rigin? (Specify Yes or No- n, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc.			
21215-0020	72 hours efter dea "natural", or itema edical Examinal m	by F	1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 ☒ No If Yes, Give 1 ☐ Yes 2 ☒ No Specification Specificatio				
ö	tura fura	g	15. Decedent's Education 16a. Decedent's Usuel Occupation	White  16b. Kind of Business/Industry			
15	in 72	Completed	(Specify only highest grade completed) (Give kind of work done during mo	st of working			
12	with ene.	E	Elementery/Secondery (0-12) College (1-4or 5+)				
	filed with Hygiene. ther there		Auto Dilyer	Auto Auction Houser's Neme (First, Middle, Maiden Surname)	e		
Maryland		To Be	Spencer C. Powers, Sr.	Caroline L. Tydings			
2	should nd Mer marke umatic	-		per or Rural Route Number, City or Town, State, Zip Code)			
Z	and 2 selith ar			evensville, Maryland 21666			
á	1 and Heeith Brm 27 ther tr		20a. Method of Disposition 20b. Place of Disposition (Name of	Dete 20c. Location - City or Town, Stete			
Baltimore,	permit. Pages 1 and Department of Heelth Important: If Itsm 27 any Injury or other tr once.		19€3/Buriel 2 □ Cremetion 3 □ Removel from State   cemetery, crematory or other place)				
Ë	rtme rtant		4 □ Donetion 5 □ Other (Specify) Hillcrest Memorial Ga:	dens 2/15/96 Annapolis, Maryl	and_		
Ba	permit. Pag Department Important: if any injury o		21. Signature of Furnarial Service Leasures	John M. Taylor Funeral Home,	Inc.		
			May Duke of Glo	ucester St. Annapolis, MD 214	01		
	Physician /Medical Examiner	er.	23a. Pert1. Enter the disease, or complications that thur of the deeth. Do not enter the mode of dying, such established, or heart tellure. List only one cause of the line.  immediate Cause (Final disease or condition resulting in death)  Due to (or as a consequence of):	s cardlec or respiretory arrest, Approximete Interval Betw Onset and D	reen		
Box 68760,	leeth certificate be executed ettending physician end I for use as the burial-transit	Physician/Medical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Lest  b. Due to (or es e consequence of):  c. Due to (or es e consequence of):	5			
	the ett	sici	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Per	23b. Did tobacco use contributa to the cause of	death?		
P.0	that the de ed by the deteched	Phy	I Scrapial tomastension	1 Yes 2 No 3 Probably 4 U	Inknown		
of Vital Records,	aw requires is been sign 2 should be	Completed by	Status Post Bross Sur	24e. Wes en eutopsy performed?  24b. Were autopsy tir available prior to completion of ca of deeth?	use		
a	ysician: The last contilicate had director, page		OF Was agen retarred to madical	1 Yes WNo 1 Yes 2 N	10		
₹	certii	Be c	exeminer/	e of Deeth (Check only one)			
of	Phys this raid	. To	1   Inpatient 2   EH/Outpetient 3   DOA   4   N	ursing Home 5 Aesidence 8 Other (Specify)  28d. Describe how Injury occurred			
no	After fune	tion	↑☐Naturel 5 Pending (Month, Day Year) Injury Work?				
Division	To the Hospital or Attending Physician: To the Funeral Director After this certific Completely filled in by the funeral director.	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined etermined  28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)	28f. Location (Street and Number or Rural Route Numb City or Town, State)	er,		
	he Hospital or in 24 hours efte he Funeral Diri pietely filled in	edicai	29a. Certifier (Check only one)  1 Certifying Phyaician: To the best of my knowledge, deeth occurred at the time, date of the control of the	nd plece, end due to the ceuse(s) end manner as stated. th occurred at the time, dete end plece, end due to the cause(s)			
	To the within 2 To the comple	Σ	29b. Signeture end title of certifier 29c. License number	29d. Date signed (Month, Day, Year)			
			Kold Kromer DIE	53 2/12/9 h			
			30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)	203 ClenBurne HO			
	Sta	te	31. Dete filed (Month, Day, Year) 32 Registrer's Signature	1010			
	Danie de		FFD 1 a 2000 The Manufaculate				

SEPHO D

DHMH 16 Rev 6/95

Registrar

FEB 2 6 1998



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Kevin M.

31. DATE FILED (Month, Day,

Gil,

13

32. REGISTRAR'S SIGNATURE
Julia Dawelson Rondall

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DE	PARTME	NT OF	HEALTH AND	MENT	AL HYGIEN		96	0	555	)4
	1. DECEDENT'S NAME (First,	, Middle, Last)								TE OF DEATH			3. TIME	OF DEATH	
	Nevia There	sa Rot	henberg						Fel		12,	996	7:3	Оа.	м
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In	yrs. last birth	olay) IF Ut	IDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	7. DATE OF BIRTH		0. BIRTHPI			
	112-07-1609		1 🗆 M 2 😾 F	83	3 YI	NS. MONT	HE DAYS	HOURS MIN.		. 30, 1	1912	New			
	9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. 0	ITY, TOWN	OR LOCATION OF E		. 50,	_	NTY OF D	_		
E C	Shady Grove	Adven	tist Nur	sing	Cente	r Ro	ckvi	11e		Montgomer					
5	RESIDENCE OF DEC	EDENT													
H	10e. STATE	10b. COUNTY	10c. CITY, TOWN OR LOCATION									10d. INSI LIMI	DE CITY		
	Maryland	Montg	omery		Gaithersburg								1   YES	2 🖾 N	0
341	10e. STREET AND NUMBER	_					100	H. ZIP CODE			10g. CIT	ZEN OF V	VHAT COU	NTRY?	141
FUNERAL DIRECTOR	9704 Inaugu	ral Wa						20879			Unit	ed S	tate	S	
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BY	3 X Widowed 4 Divo	AR OR DAT				S 2 NO Speci		o mean, etc.)		Spec	lly:				
	44,000	COPATIO COL	1										Whi	te	
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	Enrico Vuot							18. MOTHER'S N.			Sumame)				
BE	190. INFORMANT'S NAME (A							Elisa							
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	Joseph H. Ro			Law				1 Way, G	-	-					
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	Darnestown Fresby. Ch. Cem. 2/14 Darnestown, Maryland														
	7	1	イノ					Funeral		ne					- 1
_	X.C	$\cdot \cup$	-			1	0 E.	Deer Pa	rk D	r., Gai	lther	sbur	g, M	D 20	877
	23. PART I. Enter the III	seases, or c	complications that List only one cau	t caused	the death.	Do not en	ter the m	ode of dying, au	ch aa ca	rdiac or reapi	ratory an	rest,		proximate	
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	disease or condition	<b>→</b>	Large	Bowe1	Obst	ructi	.on						13	weel	cs
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ĔΙ	27. MANNER OF DEATH		28a. OATE OF			TIME OF	-	ne 5 🗆 Residence	_	ver (Specify) ESCRIBE HOW II			te ca	ire t	init
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COMPLETED	29e. CERTIFIER	EVINO D	MAN 2 ::												$\dashv$
돌	(Check only 1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated.														
႘	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data end place, end due to the ceuse(s) and manner as stated.														
띪	296. BIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)														
2	20 NAME AND ADDRESS AT	DEDECT III	101	AL/				D35192	2		F	eb.	12,	1996	
	30. NAME AND ADDRESS OF	- CHOOM WHO	OWNER TEO CAUS	DE UF OFAT	n (ITEM 27) (	type, Print)									

15001 Dufief Mill Road, Gaithersburg, Maryland 20878

05554

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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

## Found in Name of not institution, give street and number of the Country of Death  ## Count							Ce	rtificate d	of Death		7	Reg. No.	95	05555
A Facility Resear for charactery as preser each number of party and a control of party and	Physic	ian	1. Decedent's Ner	ne (First, Middle,	Last)								Yeer	3. Time of Deeth
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30. Neme and address of parson who completed causa of death (Item 23a) (Type, Print) JAMES RONAN JR.  7600 CARROLL ANE, THE MAKE, M.D. 209-2	ftar men	on:			28a. Dete of In (Month, L	jury 28 Dey Year)	b. Time of Injury	of 28c. I	njury et Work?	2	8d. Describe h	now injury occu	rred	
30. Neme and address of parson who completed causa of death (Item 23a) (Type, Print) JAMES RONAN JR.  7600 CARROLL AVE, TORSMA PARK, M.D. 209-2	Ar: A	at	2 Accident	investiget	ion			М	1  Yas 2 □ I	No				
30. Neme and address of parson who completed causa of death (Item 23a) (Type, Print) JAMES RONAN JR.  7600 CARROLL AVE, TORSMA PARK, M.D. 209-2	or Atte after de Directo	ertific		6 ☐ Could not determine	d 200. Piece of i	njury - At home etc. (Specify)	, ferm, s	treat, factory, off	ice	21	8f. Location (S City or Tow	Street end Num m, Stete)	ber or Rura	al Route Number,
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30. Neme and address of parson who completed causa of death (Item 23a) (Type, Print) JAMES RONAN JR.  7600 CARROLL AVE, TORSMA PARK, M.D. 209-2	the the	Ped			end manner	steted.								
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Od Data Blad Atauth Day Vond	241			0 <1	RROLL	avi	-, (1,500	1 10	SMA	PAR	A A	200	205	00
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Mygiene prior to burial, cremotal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			TYGIENE REG. NO.	96	0555			
	1. DECEDENT'S NAME (First, Middle, Last)	Dorothea M	Mae Reitn	nan	MONTH	2. DATE OF DEATH NONTH DAY YEAR 3. TIME OF DEATH FEBRUARY 10, 1996 8:30 A M						
	4. SOCIAL SECURITY NUMBER 577-36-1222	5. SEX 6. AGE	(In yrs. leet birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	BIRTH sy, Ybar)	B. BIRTHPLA Country)	CE (State or Foreign			
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN (	R LOCATION OF D			TY OF DEAT	ashington, DC			
TOR	1424 Crestridge	Drive	rive Silver Spring					Montgome				
DIRECTOR	Maryland Mont	tgomery	100	town or Locat Lver Spi				I. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	<del>Jgomor y</del>		ZIP CODE			1 TYES 2 NO					
FUNERAL	1424 Crestridge (			20910		Un:	ited S	ted States				
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed XX Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPA polity Cuban, Mexico 2 X NO Special	en, Puerto Rice	Specify Yes or No-	Specify:	American Indian, hite, atc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo	ON st of working	16b, Kir	ND OF BUSINESS/INDL		1106			
IPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Salesper			Dei	partment S	Store				
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		lle, Malden Surname)					
BE (	Isadore Shah				Emily	Schlo						
10	Robin Coblyn	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19606 Blue Smoke Way, Gaithersburg, MD 20										
	20a. METHOD OF DISPOSITION 1 Burlel 2 (Cremation 3 Removal from State 4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Chesapeake Crematory  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Chesapeake Crematory  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Chesapeake Crematory											
	21. SIGNATURE OF FUNERAL SERVICE LI		пезареак	22. NAME AN	D ADDRESS OF FA	CILITY			агутапо			
	> Ellen	N. Kep	×0				ces, P. A. ilver Spri		1D 20910			
NC	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and another cause (Final disease or condition resulting in death)  Cardiopulmonary Arrest  Due to (or as a consequence or):  Esophageal Cancer with metastasis to Liver											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
: MEDICAL	PART II. Other aignificant condition	ns contributing to death b	out not resulting in	the underlying	g cause given in		PERFORMED?	COL	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only one)						
IYSI	1 TYES 2 XNO	1   Inpatient 2   ER/Out		□ Nursing Hom	• 5 KRasidence			-				
BY PI	1) Natural 5 Pending	(Month, Day, Year)	1NJU	RY WO	RK?	28d. DESCRI	BE HOW INJURY OCC	URED				
유	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET		SICIAN: To the best of my know ER: On the basis of examination							d manner ea stated.			
BE	296, SIGNATURE AND TITLE OF CERTIFIE	T MD			MBER 10	29d. DATE SIGNED (Morith, Day, Year)  February 10, 199						
10	30. NAME AND ADDRESS OF PERSON WE PETER SITE (E)	MD COMPLETED CAUSE OF DE		rara	Dr.	Whea	ton, mo	21	906			
	FEB 12 1996 Julia Shushar Raylall											

BALTIMORE, MARYLAND 21215-0020

•	1 - STATE REGIS
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	4. SOCIAL SI 219-3
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	10e. STREET 405
	11. MARITAL

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CE	RTIF	CATE OF	DEATH	REG	. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)  Edna Louise Roby  2. DATE OF DEATH MONTH February 13,1996										
	4. SOCIAL SECURITY NUMBER 5. SE 219-34-6747 7647	6. AGE (In yrs. lest M 2 XXF 84	birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, V	TH H	6 SIRTI	6:30A. M  IPLACE (State or Foreign  Y)  Ington, D.C.		
TOR	Be. FACILITY NAME (If not institution, give street and     Laurel Regional Horsephone of Decement			96. CITY, TOWN C Laur	PR LOCATION OF DI	EATH		OUNTY OF D			
DIRECTOR	10s. STATE 10b. COUNTY	George's		town on Locat Laurel	TION				10d. INSIDE CITY LIMITS? YES 2 NO		
IERAL	405 Domer Avenue  100. STREET AND NUMBER 20707  100. CITIZEN OF WH United										
BY FUNERAL	1 Never Married 2 Married FC	MS DECEDENT EVER IN U.S. ARM ORCES? 1 TYES 2 XXX YES, GIVE WAR OR DATES	MED O	If yes, spe	ENDENT OF HISPAN ecity Cuben, Mexico	n, Puerto Rican, et		Bleci	E — American Indian, k, White, etc. My: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed in the comp	ege (1-4 or 5+) (Giv life: i	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Homemaker  Domestic								
BE COM	17. FATHER'S NAME (First, Middle, Last) Milton L. Whipp				18. MOTHER'S NA Edna I	ME (First, Middle, N	laiden Sumame	)			
TO B	19a. INFORMANT'S NAME (Type/Print)  Joan Roby Dove	19b.	MAILING 1707	ROBY AV	nd Number or Rurel I renue Bel	Route Number, City tsville	or Town, State, , Mary	Zip Code) 'land	20705		
	20s. METHOD OF DISPOSITION   XX Buriel 2 Cremetion 3 Removal from State   20b. PLACE AND DATE OF DISPOSITION (Name of comment of comment of comments)   20b. PLACE AND DATE OF DISPOSITION (Name of comment of comment of comment of comments)   20c. LOCATION — City or Town, St.   20c.										
	ST. SIGNATURE OF FUNERAL SERVICE LICENSEE  ST. SIGNATURE OF FUNERAL SERVICE LICENSEE  A ST. SIGNATURE OF FUNERA	rowardt.		Dona1	d V. Bor Powder M	gwardt 1 i11 Rd.	Funera Belts	1 Hom	e, P.A. , Md. 20705		
	23. PART I. Enter the diseases, or complications, or heart failure. List or IMMEDIATE CAUSE (Final	cstions that caused the deanly one cause on sach line.	ith. Do n	ot enter the mo	de of dylng, suc	h se cerdisc or	respiratory	srrest,	Approximate Interval Between Onset and Death		
	disease or condition s. CARDIDGENIC SHOCK  BULL TO (OR AS A CONSOLIENCE OF):										
NOI	Sequentially list conditions, if any, leading to immediate  DUE TO (DR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  C. CORONARY ARTERIOSCUEROSIS  C. CORONARY ARTERIOSCUEROSIS  DUE TO (OR AS A CONSEQUENCE OF):										
DICAL C	PART II. Other algorificant conditions control		sulting in	the underlying	ceuse given in	Part I. 24s. W	AS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
ME				<u> </u>		_	es 2 XXIO		OF DEATH?  1 YES XX NO		
CIAN	DID TOBACCO USE CONTRIBUT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOS		OF DEATH	H (Check only one)	UNCERTAIN	<u> </u>					
PHYSICIAN:		npetient 2 ER/Outpetient 3 C 26e. DATE OF INJURY (Month, Day, Year)		4 Nursing Home	RK?	6 Other (Specification of the Control of the Contro		CCURED			
BY	2 Accident Investigation	26a. PLACE OF INJURY — At hom building, etc. (Specify)	ne, farm, st	M 1 7		26f. LOCATION (S City or Town,		ber or Rural R	loute Number,		
COMPLETED	29e. CERTIFIER (Check only one)  1 X X ERTIFYING PHYSICIAN: To										
H	29b. SIGNATURE AND TITLE OF CENTINERS  MD  29c. LICENSE NUMBER  29d. DATE SIGNED (Month)  D  2153  D  29d. DATE SIGNED (Month)										
T0	30. NAMÉ AND ADDRESS OF PERSON WHO COMP Garry D. Ruben, N						er Spr	<u></u>	16		
31. DATE FILED (MONTH, Day, Your) FEB 14 1996 Julia Saudson Randall											

Fdi. :

## Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certificat	te of	Death		Reg. N	o. <b>Q</b>	5	055	58
я	Physici	an	1. Decedent's Neme (First, Middle, Las	t)					2. Dete of D Month	D	ev e	Yeer	3. Time o	of Death
	/Medic		Alexander		ddix				Feb.	12,	199	96	2040	p.
	Examir	er	4e. Fecility Neme (If not institution, give					4b. City, Town, or		th 4	c. County o	f Death		
-			Montgomery Ge 5. Sociel Security Number 6. So		spita In yrs. last bin		r 1 Yeer	Olne if Under 24 Hr	Y S Data of B	irth	CNOM	GO	MERY_	Fassian
	Funerat Director			ÖAM 2□ F 5		Yrs. Months		Hours Mir	8. Dete of B (Month, D Jan.	9, Year 5, 19	38	Ma	place (Stete intry) rylan	d.d
	show		10e. Stete 10b. County	1	0c. City, Town	or Location						T	10d. Inside (	City Limits
	r 28a-f show	tor	MD Montg.	,	Sil	ver Spi	ring	J					1 🗆 Yes	28 No
	72 hours effer deeth with the Maryland natural', or itams 23s or 28s-f show tites Evamor, must be notified at	Il Director	10e. Street and Number 3502 Pear Tree	Court,	#12		p Code 2090	)6		10g. C	itizen of W		intry?	
	itams 2	Funeral	11. Meritel Stetus	12. Wes Decedent Eventh Armed Forces?	er In U,S.	13. Wes Dece	dent of H	lispenic Origin? ( en, Mexican, Pue	Specify Yes or N	0-		- Amer	ican Indien,	
Maryland 21215-0020	ours efte	by	1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes:		1 🗆 Yes	2⊠ No	Specify:			Specify:			
15-(	n 72 hours "natural",	Completed	15. Decedent's Ed (Specify only highest gre	ucation de completed)	169.	Decedent's Usu (Give kind of wo	el Occup ork done	petion during most of wo d)	orking	16b. I	Kind of Bus	iness/li	ndustry	
212	d within piana. r than o	dmo	Elementery/Secondery (0-12)	College (1-4or 5+)				ice Wor	_	Pa	ark 8	P	lanni	ng
b	offiled offher vent, is	Be C	17. Fether's Neme (First, Middle, Lest)					18. Mother's Ne	eme (First, Middle	e, Maide	n Sumeme	)		
/lar	should be and Mentel I marked of	To B	Reuben Reddix					Sar	ah Wall	ker				
Man	C/ 0 0 0		19a. Informent's Neme/Reletionship (7			_		and Number or F		-				70
			Lula Gilchrist 20e. Method of Disposition					er Dr.,	Dete					19
Baltimore,	permit. Pages 1 en Department of Heel Important: if item 2 any injury or other once.		1⊠ Buriel 2 □ Cremetion 3 □	Jellional Itotti Stata		Disposition (Ne y, cremetory or							own, State	MD
Ē	artme ortant injury		4 Donetion 5 Other (Specify	1	ASN I	Memoria 22 Name et			2/16			phr	ing,	MD
Ba	Depa Impo any it		to Guar K	May	2000			ss of Fecility FUNER			P.A.			
	_		23a. Part1. Enter the disease, or comp shock, or heart fellure. List only	lications thet caused th	e deeth. Do r			LLE, MD ng, such es cardie		-		1	Approxime Interval Be	ote
	Physician	8	· ·									Ì	Onset end	Deeth
-	/Medical Examiner		Immediate Cause (Finel disease or condition	YOLYMIC.	ROBIA	2 SE	PT	ICEMIA	5				DAYS	
	Examiner	h.	resulting In death)	METAS	e to (or es a	consequence of)	:	<b>M</b> C	MILES				VAD	1
	uted	Examiner						MIE C	MINUER	_		-	1011	٢.
ó	tificate be executed ig physician end as the buriel-transit	Exa	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	Di	le to (or es e d	consequenca of):	:							
68760,	ate be nysicia he bu	Medical	Ceuse (Diseese or Injury thet Initiated events resulting in death) Lest	c	e to (or as a c	onsequence of):						+		
		Mec		d								1		
Box	aath ce attendii I for use	Physician/										1		
P.O.	the d	hysi	Pert II. Other significant conditions co	-	_		cause giv	ven in Pert I.					to the caues	
	s that the ned by the a detech	by Pi	Diabetes w	ellitus	, Cox	12,			. 1	] Yes	2 No	3 🗌 PR	obably 4	Unknown
of Vital Records,	law requires that the da as been signed by the a 2 should be deteched	Completed b							24a. We per	s en eut formed?	opsy	24b. V	Vere autopsy vallable prior ompletion of f deeth?	findings to cause
R	The law ate has page 2	mo							10	Yes :	2 DINO			DM6
ita		Be	25. Wes case referred to medical examiner?					26. Place of De	eth (Check only	one)				
> >	Physician: this certific ral director,	2	1 ☐ Yes 2 ☑ No	Hospitel: 1 Thepatient		tpatient 3 D	OA Oth	ner: 4 Nursing	Home 5□ Res	idence	8 Othe	(Spec	ify)	
n	ing P	on:	27. Menner of Deeth 1 ☑ Neturei 5 ☐ Pending	28a. Dete of Injury (Month, Dey Y	'ear) 28b. 1		28c. Injui		28d. Describe	how inj	ury occurre	d		
isio	Attanding or deeth. ector: Afiel by the fune	Icat	2 Accident Investigation 3 Sulcide 6 Could not be	28e. Pleca of injury	At home fo	M		Yes 2 □ No	28f. Location	(Street	and Numba	ror Pu	rel Route Nui	mhar
Division	or A effer Direct Jin by	Certification:	4 Homicide determined	building, etc. (	Specify)	rm, street, lactor	ту, опісе		City or To	own, Ste	te)	r or mu	iai nodia ivui	noer,
	To the Hospital or Attanding Phy within 24 hours efter deeth. To the Funeral Director: After thi completely filled in by the funeral	edical C	29e. Certifler (Check only one))  1 Certifying Phy 2 Madical Exam	elclan: To the best of r iner: On the basis of ex end menner stete	camination en	, deeth occurred d/or investigetion	et the tin	me, dete end plea opinion, deeth occ	ea, end due to the curred et the time	e ceuse( , dete er	s) end men	ner es	steted. to the cause	(s)
	To the within 2 To the comple	Z E	29b. Signature end title of certifier			29	c. Licens	se number	<u> </u>	29d. D	ete signed	(Month	, Dey, Year)	
	->-0			///	1/11	15	D31	8457		FEF	3RUA1	W	13.16	196
	7	}	30. Name end address of person who	ompleted cause of deel	th (Utem 23e) (	Type, Print)	D	4. ( ) N	0.0	1 10	4 1 0		7 ( )	620
_	J		IVAKU GOMA	= nno, 1	8111	YRINCE	= 11	TICIP	DR, D	LN	EY	N	WLOX	225
	Sta Registr	- 1	31. Dete filed (Month, Dey, Year)	32. Registrer's		2			*					
DH	MH 16 Rsv 6/9:		LED 19. 18	196 Min &	Audion	adall			<u> </u>					

(987) Tara 

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				State of Ma	i yiai iu 7	Certifica			wentai riy	Reg. No.	05	05	550
			1. Decadant's Name (First, Middla, La	st)					2. Data of De	eath	30	3. Tm	a of Death
	Physici /Medi		Willia	m Junius Ro	binso	n			Month Februa	ry 2,	Yaar 1996	6:4	5PM
	Examir		4a. Facility Nama (If not institution, given	a street and number)				4b. City, Town, or	Location of Daat	h 4c. Cou	nty of Death		
			Suburban Hospit	al				Bethesda		M	ontgom	ery	
	Funeral Director		216-44-4155	IDXM 2□ E	(In yrs. last i	Yrs. If Und Month	dar 1 Yaar ns Days			rth ay, <i>Year)</i> .,1906	9. Birthy Cour	place (Stantry) Ut	ta o <i>r Foreign</i> ah
	nrylend show		Usual Rasidance of Decedant  10a. Stata 10b. County		10c. City, To	wn or Location					1		a City Limits
	Ba-f	Director	Maryland Montgo	mery		Kensingt	con					1 🗆 Y	(as 2 No
	1 P P P P P P P P P P P P P P P P P P P	Dire	10e. Street and Number			10f.	Zlp Coda			10g. Citizan	of What Cou	ntry?	
	eth v	rai	9616 East Bexhill	т			208				d Stat		
21215-0020	be filed within 72 hours after deeth with the Merylend tal Hyglene. d other than "naturat", or items 23a or 28a-f show event, the Medical Exeminar must be recorted at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Education Armed Forcas?  1 Yas 2 Xid If Yas, Giva Yaar or Datas:			cedant of he pecify Cub	Hispanic Origin? (S an, Maxicen, Puar Specify:	Specify Yas or No to Rican, atc.)	Spe	ace - Amark lack, Whita, cify: Wh		1,
5-0	72 ho	ted	15. Decedent's E (Specify only highast gra	ducetion	16	a. Decedant's U	sual Occup	pation during most of wo	rkina	16b. Kind of	Businass/In	dustry	
7	ithin en Med	Completed	Elamantary/Secondary (0-12)	College (1-4or 5+	-)	lifa. DO NOT	use retire	d)	rking	United	State	S	
7	e filed w al Hygien other th			5+		Attori	ney	T			rnment	-	
and		Be	17. Fathar's Name (First, Middla, Last						ma (First, Middle				
Maryland	d 2 should be filled within the end Mental Hyglene. 7 is marked other than traumatic event, the M	2	James Willia  19e. Informent's Name/Ralationship (						Deborah				
Ma	d 2 shoth and the end 7 is me traum		Ione H. Robinson,						ral Routa Number, City or Town, Stata, Zip Code) re, Kensington, Maryland 20				20895
6	permit. Peges 1 end 2 Department of Health e Important: If item 27 is any injury or other tra once.		20a. Mathod of Disposition	11110		of Disposition (fi			20c. Locatio				
Baltimore,	eges ant of t: If it y or o		f Bunal 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Special						,1996				
	artme ortan Injur		21. Signature of Funaral Sarvice Lice	**	Parki	awn Memo		ass of Facility Ro	hert A	Rockvi			
Ba	Depar Impor any Ir		Michely 8.	Y	M00348	Bethe	sda-C	hevy Cha Maryland	se, Inc.	, 7557	Wisco	nsin	Ave.
	Physician /Medical Examiner	er	23a. Part1. Entar tha disaasa, or com shock, or heert feilura. List only Immediata Cause (Finel disaasa or condition rasulting in daath)	a. Cardic	ogenic	Shock	of):	ng, such as cardia	c or raspiratory a	irrest,			mata Between nd Death
	uted d ansit	Examiner		b		Infarct:		·			i		
ó	exec un an	Exa	Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or Injury that initiated events			tery Di:					1		
Box 68760,	lasth certificate be executed attending physician and I for use es the burist-transit	in/Medical	rasulting in death) Last										
	the death cert y the attendin sched for use	sicle	Part II. Other significant conditions of	ontributing to death but	not rasulting	in the underlying	a causa ai	van in Part I.	23b. Did	tobacco use	contribute to	o the cau	se of death?
s, P.0	es thet the daigned by the a	by Physician/M				,				Yes 2□ No			l 🗌 Unknown
of Vital Records	aw requir is been s 2 should	Completed t							24a. Was	an autopsy ormed?	av	are autop aliabla pri empletion daath?	
alF	T age								10	Yas 20 No	1 (	□ Yas :	2No
Š	Physician: The this certificate ral director, page	Be	25. Was casa rafarred to medical axaminar?	Hospital: ,			DOA Oth		ath (Check only	one)			
ō	S 00 D	£:	1 ☐ Yas 2 ☒ No 27. Menner of Death	12 Inpatian		Outpatient 3	DOA	4 Li Nursing F	loma 5 ☐ Resi 28d. Dascribe			y)	
ion ion	Attending or death. ector: After by the fune	ation	1 ☒ Natural 5 ☐ Panding 2 ☐ Accident Invastigation	(Month, Day		Injury	28c. Injui Wor	rk? Yas 2 □ No	200. Dascribe	now injury occ	difed		
=	5446	Certification:	3 Suicida 6 Could not b 4 Homicida detarmined	28a. Place of Injur building, atc.	y - At homa, (Specify)	farm, streat, fact	ory, offica		28f. Location ( City or To	(Street and Nu wn, Stata)	mber or Rure	ti Route ∧	lumber,
	he Hospital of 24 hours a he Funeral Dietaly filled	edicai	29a. Certifiar (Check only one) 1  Certifying Ph 2  Medical Example  Medi	ysician: To the best of niner: On the basis of a and mannar state	xamination a	ge, daath occurre ind/or invastigati	ed at the tie on, in my o	ma, date and place opinion, daath occu	e, and dua to tha urred at tha tima,	cause(s) and data and place	menner as s e, and dua to	tated. o tha caus	sa(s)
	To the within 2 To the comple	×	29b. Signatura and titla of cartifiar	2152		2	29c. Licans	sa number		29d. Data sig	ned (Month,	Day, Yea	r)
	/		all G	Whil	>		D07	147		2/1	0196		
	15		30. Name and address of person who										
	ł		Allen Nimetz, M.D			Avenue,	N.W.	, Washin	gton, Do	2001	5		
	Sta	te	31. Data filed (Month, Day, Year)	32. Registrer		0.							

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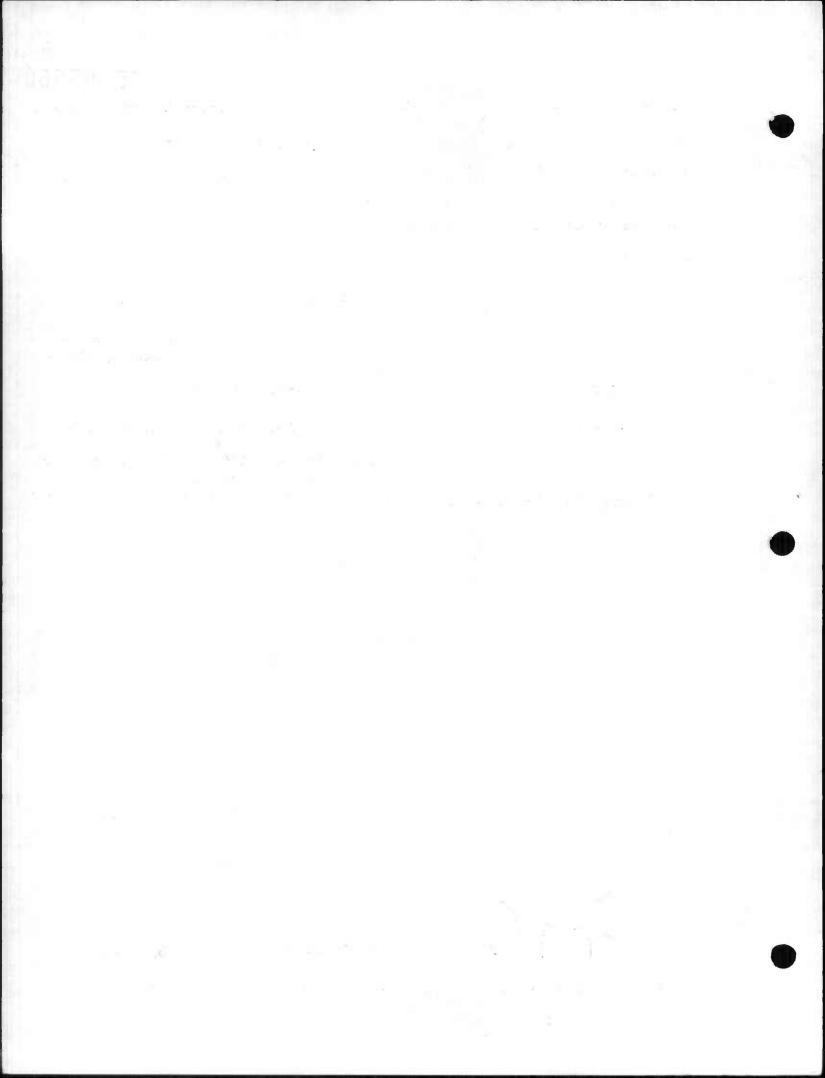
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State of Maryland / Department of Health and Mental Hygiene

					,			of Death		Reg. No. (	95	05560			
	Physici	an	Decedent's Neme (First, Middle, Last,     Towns	)	_				2. Dete of De Month	Dev	Year	3. Time of Death			
4	/Medi		James E.		r	Riddl	.e		1	ry 5, 1		6:02 pm			
الر	Examir	ner	4e. Facility Neme (If not institution, give	contra a se.				4b. City, Town, or							
			Frederick Memorial	-			K Lindar 1 V	Frederick		Frede					
	Funeral Director		5. Sociel Security Number 6. Security State 6. S	X 7. Age	(In yrs. last bit			ear it Onder 24 Hrs eys Hou <i>rs</i> Min.	(Month, De	h, Year) 7, 1922	9. Birthp Cour Ok1	plece (Stete or Foreign ntry) .ahoma			
	show d.st	L	10e. Stete 10b. County		10c. City, Tow	n or Loca	ation				1	10d. Inside City Limits			
	N S S	Director	Maryland Frederic	k	Walker	svil						1 Yes 2 No			
	10 g	듬	10e. Street end Number				10f. Zip Co	de		10g. Citizen of	Whet Cour	ntry?			
	ath y	Ta.	8606 Discovery Blv				21793			USA					
020	72 hours after death with the Maryland "netural", or items 23e or 28e-f show folical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 □ Never Merrled 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 ☑ Yes 2 ☑ No tf Yes, Give Yeer or Detes:				of Hispenic Origin? (S Cuben, Mexican, Puer No Specify:	Specify Yes or No to Rican, etc.)	Specifi	ck, White,				
3	72 ho netur	ted	15. Decedent's Edu	cation	16e	. Decede	nt's Usuel O	ccupation	44.	16b. Kind of B					
Maryland 21215-0020	within than the Me	Completed	(Specify only highest grade	College (1-4or 5-	-)	life. DC		ccupation one during most of wo stired)	rking	automol	oile/ reta	vehicle			
p	Hygin other ant, I	Be C	17. Fether's Neme (First, Middle, Last)	_	100	LCOM	an .	18. Mother's Ner	me (First, Middle,	Malden Sumen					
20	should be filed of Mental Hyg marked other imatic event, I	To B	James E. Riddle					Sarah S	S. Sweet	en					
ary	2 shot and & is man	-	19e. informent's Neme/Reletionship ( <i>Type, Print</i> )  19b. Meiling Address ( <i>Street end Number or Rural Route Number, City or Town, State, Zij</i>												
			Jean Riddle-wife		8	606	Discov	ery Blvd.,	Walker	sville.	MD	21793			
ore.	of Hern Hern r other		20e. Method of Disposition				tion (Neme of tony or other		Feb. 9	20c. Location					
Ĕ	Pages sant of int: If its iry or o		1   Burlei 2 □ Cremetion 3 □ R  Donetion 5 □ Other (Specify)	emovel from State				Cemetery	-	Rockvil	lle,	Maryland			
Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any injury or other to obce.		21. Signature of Funerei Service License	90		22. 1	Name end A	ddress of Fecility	Stauffer	Funera	al Ho	me			
œ	88588		1 Hury My C	50, 7		16	21 Opc	ssumtown H	Pike, Fr	ederick	, Mar	yland 21702			
Н			23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or feerl feliure. List only one cause on each line.  Approximate tritervel Between												
d	Physician		Onset end f												
И	/Medical		Immediete Ceuse (Finei diseese or condition	6	1221	~ AL L	2047	HY (PROB							
į,	Examiner		resulting In deeth)		ue to (or es a			" ( PISOD	ALCOHOL	( )		25 yrs			
	D #	ne													
	ificete be executed g physician and as the buriai-trensit	Examiner	Sequentielly list conditions, If env. leading to immediate												
60,	be ey cian buria		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events												
68760,	physi the	Physician/Medical	thet initieted events resulting in deeth) Lest	D	ue to (or es e	conseque	ince of):								
	\$ 0 d	/Me		l											
Вох	eth cert ettending I for use a	clan													
o.	that the de ned by the e detached (	ysic	Pert II. Other significant conditions con	tributing to death but	not resulting in	n the und	erlying cause	given in Pert I.		,	ntributa to	o the causa of death?			
<b>a</b>	that the ed by deta		CHF						10	Yes 2 No	3 Pro	bably 4 Unknown			
ds	8 50	d by							24a Was	en autopsy	24b. W	ere eutopsy findings			
Records,		Completed	DIABETES							rmed?	co	relieble prior to empletion of cause			
Re	The law ate hes b page 2 s	E D										déath?			
a			25. Was case referred to medical	LL ARTERI	Tis				101	4 -	11	☐ Yes 2☐ No			
Vital		o Be	examiner?	lospitel:	- TER()		Han	Other	eth (Check only o						
o	£ 5 0	-	27. Menner of Deeth	28e. Dete of Injury (Month, Dey	t 2□ER/Ot	Time of	3 2 DOA 28c.	njury at Work?	lome 5 Resid			у)			
o	th. : Afte	tior	1 Neturel 5 Pending Investigation	(Month, Dey	Year)	njury		Work? 1 ☐ Yes 2 ☐ No							
Division	or Attending after death. Director: After In by the fune	Certification:	3 Sulcide 8 Could not be determined	28e. Piece of Injurbuilding, etc.	y - At home, fe (Specify)	rm, stree	t, fectory, off	ica	28f. Location (S City or Tox	Street and Numt m, State)	per or Rura	al Route Number,			
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical C	29a. Certifier (Check only one)  Check only one)  1 Certifying Phys 2 Medical Examir	ician: To the best of er: On the basis of e end manner stet	xeminetion en	o, death o d/or inves	ccurred et th	e time, date end plece ny opinion, deeth occu	e, end due to the	cause(s) and models dete end plece,	anner as s	teted. o the cause(s)			
	To the within To the comple	Me	29b. Signeture end title of commer	29c. License number						29d. Dete signed (Month, L					
	->-0			1 mo	)		~	32171		21	410-				
			30. Name and address of person who co	mpleted cause of de-	ath (Item 23e)	(Type Pr		, , , , , , , ,		0/1	176	,			
								T. WALKET	S. (1) . =	2,767					
	Sta	te	31. Dete filed (Month, Dey, Year)	PO Box 325		146776	IKICK S	C. WACKEST	COVILLE	21753					
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	ŀ
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	THE PERSON OF TH

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEAL CERTIFICATE OF DE	TH AND MENTAL HYGIENE 95 05561								
		1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATH								
		VIRGINIA LEE RIEDER	FEB. 7, 1996 5:30 AM M								
2		216-20-7419 1 M 2 X F 72 YRS. MONTHS DAYS HOU	NDER 24 MRS. RB MIN.  NDER 24 MRS. RB MIN.  7. DATE OF BIRTH (Month, Day, Year)  JAN. 31, 1924  MARYLAND								
2, 3 should	стоя	90. FACILITY NAME (If not institution, give street and number) 9023 HIGHBANKS TERRACE EAST	CATION OF DEATH 9c. COUNTY OF DEATH								
t. Pages 1.	DIREC	RESIDENCE OF DECEDENT   10c. CITY, TOWN OR LOCATION   MARYLAND   TALBOT   EASTON	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 → NO								
nsit permit.	ERAL	104. STREET AND NUMBER  9023 HIGHBANKS TERRACE									
-0020 ing physician. the burial-transit	BY FUN		NT OF HISPANIC ORIGIN? (Specify Yea or No— Cuban, Mexican, Puerto Rican, etc.)  14. RACE — American Indian, Black, Whita, etc. Specify: WHITE								
or attend or attend r use as	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of wife. Do NOT use retired.)	and the state of t								
the hospital detached to once.	MP	12 2 HOMEMAKER	OWN HOME								
	8		MOTNER'S NAME (First, Middle, Maiden Surname)								
ad by	B		CARRIE EDNA DAVIS								
retained 5 should notified	2		mber or Rural Route Number, City or Town, State, Zip Code)								
E So L		20 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	NKS TERRACE, EASTON, MD 21601								
7 9 5 2		1 Nauriel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  MEADOWRIDGE MEMOR	DATE 20c. LOCATION — City or Town, State  1AL 2-12 ELKRIDGE, MD.								
Page 1		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADD	DRESS OF FACILITY								
death. P trineral d. examin			,HELFENBEIN & NEWNAM FUNERAL								
y the nova	H	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of	HARRISON ST, EASTON, MD dylng, such as cardiec or respiratory arreat,   Approximate								
within 24 hours within 24 hours apletely filled in cremation, or re		shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	Interval Batween Onest and Death								
be execution and ior to bur	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Stakes II								
th certification in Hygier	CERTIF	that initiated events resulting in deeth) LAST  DUE TO (PR AS A CONSEQUENCE OF):									
that the bd by the h and M	ايرا	PART II. Other significent conditions contributing to death but not resulting in the underlying ceut	Se given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
9 9 6	₹	DID TORACCO LICE CONTRIBUTE TO CALLER OF BEATH, MEC TO MICE OF	1 U YES 2 17 NO								
has be 123	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO USES. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	NCERTAIN 🗆   /V								
E 88 E	SIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpellent 2 ER/Outpetlent 3 DOA 4 Nursing Nome 5.	Residence 6 Other (Specify)								
PHYSICIAN: this certifical with the St riked, or It	РНУ	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT									
	ВУР	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?  1 Accident Investigation	2  NO								
CTOR: A after da after da 18	ETED E	3 Suicide 4 Homicide  5 Could not be determined  26a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
로로워	COMPLE	29a. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pi  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pi  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pi  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pi  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pi  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pi  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pi  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pi  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pi  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pi  CERTIFYING PHYSICIAN: To the best of examination and/or investigation, in my opinion, death occurred at the time, data and pi  CERTIFYING PHYSICIAN: To the best of examination and/or investigation, in my opinion, death occurred at the time, data and the pi  CERTIFYING PHYSICIAN: To the best of examination and/or investigation, in my opinion, death occurred at the pi  CERTIFYING PHYSICIAN: To the best of examination and/or investigation and the pi  CERTIFYING PHYSICIAN: To the best of examination and/or investigation and the pi  CERTIFYING PHYSICIAN: To the best of examination and/or investigation and the pi  CERTIFYING PHYSICIAN: To the best of examination and the pi  CERTIFYING PHYSICIAN: To the best of examination and the pi  CERTIFYING PHYSICIAN: To the best of examination and the pi  CERTIFYING PHYSICIAN: To the best of examination and the pi  CERTIFYING PHYSICIAN: To the best of examination and the pi  CERTIFYING PHYSICIAN: To the best of examination and the pi  CERTIFYING PHYSICIAN: To the best of examination and the pi  CERTIFYING PHYSICIAN: To the best of examination and th									
TO THE HOSPI TO THE FUNEP be filed within	BE	296. SHOMATURE AND TITLE OF CERTIFIER OF CITY (18)	280. DATE SIGNED (ABOUT), Day, Mar.)								
	5	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CHISE OF DEATH (ITEM 27) (Typo, Print)	DUTCHURUS LANG								
	}	31. DATE FILED (Month, Day, Year)  FEB 1 2 1996 July Liver Kardall	ENSON MO 21601								

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTR	AF
	t. D	ECEDENT'S	N/

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

96	0	5	5	6	2
C W		-			

t. DECEDENT'S NAME (First, Middle, Las	t)							2. DATE OF DEATH			3. TIME OF DEATH
Ruth Forest									1996	YEAR	1:15 p
4. SOCIAL SECURITY NUMBER 578-62-3830	5. SEX	6. AGE (In y	rs. last birthday) 9 YRS.	IF UNDE	DAYS	HOURS	24 HRS. MIN,	7. OATE OF BIRTH (Month, Day, Year) Sept 17	1896	8. BIRTNE Country I O	PLACE (State or Foreign ) Wa
9a. FACILITY NAME (If not institution, giv	street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATN	9c. COU	NTY OF DE	ATN
Westminster Nu	rsing & Co	onvele	scent		West	mins	ter			Carr	oll
10a. STATE 10b. COU	NTY		10c Ct	TY, TOWN	OR LOCA	TION				T	10d. INSIDE CITY
	Carroll					ster			1		LIMITS?
100. STREET AND NUMBER 1234 Washington	n Road				10	H. ZIP COD		157	10g. CIT		ed States
11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.	S. ARMED	13.	WAS DE	CENDENT C	F NISPAN	NIC ORIGIN? (Specify Ye	s or No—		- American Indian,
t Never Married 2 Married  3 Wildowed 4 Divorced	FORCES? IF YES, GIVE	YES 2	S X			pecify Cube S 2 X NO		n, Puarto Rican, atc.)			White, atc. White
15. DECEDENT'S E		16	. OECEDENT'S	USUAL (	OCCUPATI	ION		16b. KIND OF BU	SINESS/INI	DUSTRY	
(Specify only highest gri	College (1-4 or 5	+)	(Give kind of life. Do NOT L	ise retired.)	)	ost of worki	ng				
17. FATHER'S NAME (First, Middle, Last)	4		ноше	emake	er	44 4407		ME (First, Middle, Meider	wn ho	me	
Elmer Carl Fore	st					16. MOT		l Ann Wal			
19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	SS (Street	and Number	or Rural i	Route Number, City or Tov	rn, State, Zij	Code)	
Richard Eugene	Rouse		35	30 0	Dxwe	d Cou	rt,	Westminst	er, M	d 21	157
20a. METNOD OF DISPOSITION  1 1 Strict Burlel 2 Cremetion 3 R  4 Donation 5 Other (Specify)	emoval from State	20b. PL cemeter	ACE AND DATE ry, crematory or arklaw	of DISPO	sition(N	lame of	1		cation –		
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE				. NAME A	ND ADDRE	SS OF FA	CILITY			110
Katherin Pritts Funeral Home & Chapel 412 Washington Rd., Westminster,											
23. PART i. Enter the diseases, o	r complications the	at coused th	a death. Do	not ente	r the me	ode of dy	Ing, suc	h as cardiac or reap	iratory ar	rest,	Approximeta
shock, or heart fellus IMMEDIATE CAUSE (Finel disease or condition	-		ry as	pira	atic	n					Interval Between Onset and Death
resulting in desth)	0		NSEQUENCE (	-							
	der	nenti	a								5 yrs
Sequentially list conditions, if eny, leading to immediate csuse. Enter UNDERLYING	DUE TO	OR AS A CO	ONSEQUENCE (	OF);							
CAUSE (Disesse or Injury	c. DUE TO	OR AS A CO	INSEQUENCE (	OFI:					_		
that initisted events resulting in desth) LAST	d.			,							
DART II. On a startile and a series											
PART II. Other significant condit diabetes mel		death but	not resulting	In the u	inderlyir	ng ceuse	given in	Part I. 24a. WAS AF PERFO	RMED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	P-0.72							_	Λ	1	1 YES 2 NO
DID TOBACCO USE CON	ITRIBUTE TO CA	AUSE OF	DEATH Y	ES 🔲	NO X	UNC	ERTAI	N 🗆			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1100000	26.	PLACE OF DE	-		)					
1 YES ZY NO	HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	4 XNL		ma 5 🗆 R	naldencs	6 Other (Specify)			
27. MANNER OF DEATH  1 X Natural 5 Pending		F INJURY Day, Year)	26b. TII	ME OF IJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DEŞCRIBE NOW	INJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not	atreet, fe				26f, LOCATION (Street	and Numbe	r or Rumi R	nute Number			
4 Nomicide 6 Could not determined	Duilding	, etc. (Specify)			,			City or Town, Stets		or ribre. re	out Humber,
41								to the cause(s) end me time, data and place, e			and menner as stated.
296. SIGNATURE AND TITLE OF CENTS							ENSE NU		_		(Month, Day, Year)
Hand 9	Jan B.	lan 1	2				1705		h	2-1	
30. NAME AND ADDRESS OF PERSON, H.G. Lanham,					Igts	Med	d Ct	r-Westmi			
31. DATE FILED (Month, Day, Year)	32. JIEGISTR	AN'S SIGNATION	me		_						

SEREN E

Amended # 14, 2/16/96, JW, Montgomery County

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

CERTIFICATE OF DEATH

REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF O	EATH			3. TIME OF DEATH
ı	JOYCE A	7. S	COT	T					FE"B	, %	10	776	12:13AH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	ast birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF BI		1	8. BIRTH	IPLACE (State or Foreign
	215-66-6900	1 M 2 F	43	YRS.	MONTHS	DAYS	HOURS	MIN.	Ma.v		954	Counti Wa.	shington D.C.
	9a. FACILITY NAME (If not institution, give st	reet and number)		1.	9b. CITY,	TOWN	OR LOCATE	ON OF DE		7 -	- F.	INTY OF D	
CTOR	Medlantic Manor	at Layhi	11	- 1	S	ilv	ver :	Spri	ng		M	ontg	omery
ם ב	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			I									
OIRE				10c. CITY	r, TOWN OF			~					10d. INSIDE CITY LIMITS?
	MD. P. (	T e				_	lege		'IK		Lakit an		1 X YES 2 NO
¥	5104 Lakeland	l Rd.			20740								YHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A							alte Via		U.S.	A.e — American Indian,
	1 Never Married 2 Married		YES 2	2 NO If yes, specify Cuban, M					in, Puerto Rican,	Black	k, White, atc.		
BY	3 Widowed 4 Divorced						S Z ES NO	apacii	<b>,</b> .			Speci	-White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S Give kind of w	USUAL OC	CUPAT	ION nost of working	10	16b. KIND	OF BUS	INESS/IN	DUSTRY	
4	Elamentary/Secondary (0-12)	College (1-4 or 5+	fil fil	le. Do NOT us	e retired.)								
COMPL	12			Cool	ς .					_	aura	nt	
_	17. FATHER'S NAME (First, Middle, Last)	Coott	Cas						ME (First, Middle,				
8	Clarence Wa	20000	Sr.					Agne			homa		
2	Clarence W. So	ott Cm	1	5104					Route Number, Ch				0071.0
	20a. METHOD OF DISPOSITION	ott Sr.	20h BLACE	7		_	and I	MOT •					20740
ŀ	20s. METHOD OF DISPOSITION 1												
21 SIGNATURE OF FUNERAL SERVICE LICENSEE													
	12. NAME AND ADDRESS OF FACILITY W.W. Chambers Co. 5801 Cleveland Ave. Riverdale, MD.												
-	23. PART I. Enter the diseasea, or o	, New	mon										
	ahock, or heart fallure.	List only one cau	se on each lin	ie.	or enter r	ne m	ode or dy	ing, auc	n ss csrolac c	or reapi	ratory a	rest,	Approximate interval Between
- 1	iMMEDIATE CAUSE (Final disease or condition	Ma	4 ct	1.	R		of	^					Onset and Death
H	resulting in death)	disease or condition a. Mefos tafec Beast Concer 5yr.  OUE TO (OR AS A CONSEQUENCE OF):											
_					,								
ᢓ║	equentially list conditions, any, leading to immediate  b. Due TO (OR AS A CONSEQUENCE OF):												
HIFICATION	cause, Enter UNDERLYING CAUSE (Disesse or injury	h											
≣ ∥	that initiated events	DUE TO	OR AS A CONSE	EOUENCE OF	):								
E E	resulting in death) LAST	f	-1-										
	PART ii. Other significant condition	a contributing to	death but not	reaulting i	n the und	leriyi	ng cause o	given in	Part I. 24s.	WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
SAL						•	0.000			PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_	' _	YES 2	PNO		OF DEATH?
2	DID TOBACCO USE C	ONTRIBUTE	TO CAU	SE OF	DEATH	1	YES 🗍	NO	14				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							EATH (Ch	eck only one)				
2	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:		me 5 🗆 Re	sidence	8 Other (Spe	cifv)			
Ē	27. MANNER OF DEATH	28a. DATE OF (Month, Di		26b. TIMI	E OF	26c. IN	JURY AT		28d. OESCRIB		JURY O	CURED	
2	1 Netural 5 Pending 2 Accident Investigation	(Monan, Da	iy, 700i/	180	M		/ORK? YES 2	NO					- 1
	3 Suicide 8 Could not be	28a. PLACE Of building,	F INJURY — At h	oma, ferm, s	treet, fector	ry, offi	ice		28t. LOCATION City or Tow	(Street a	nd Numbe	r or Rurel I	Route Number,
<u> </u>	4 Homicide determined								0.1, 0.1	n, Glally			
COMPLEIED	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, d	leath occurre	d at the tim	ne, del	te and place	, and due	to the cause(a)	and men	ner as sta	rled.	
5	one) 2 MEDICAL EXAMINE												a) and manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	3 //2				_	29c. LICE	NSE NUI	MBER		29d. DA	TE SIGNEO	(Month, Day, Year)
	M- Wagend	Shen	m	) (			(T)	132	817		•	2/7	196
2 ∦	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type,	Print)			_				- [ ]	1.00
	M'Wajeed K	han u	0,12	016	Ge	es	na	A	ح د	She	for	w	0 20902
	FEB 12 1996	3. REGISTRA	R'S SIGNATIONE	dall.			0		/				
	1 50 70 1930	The same of the sa											



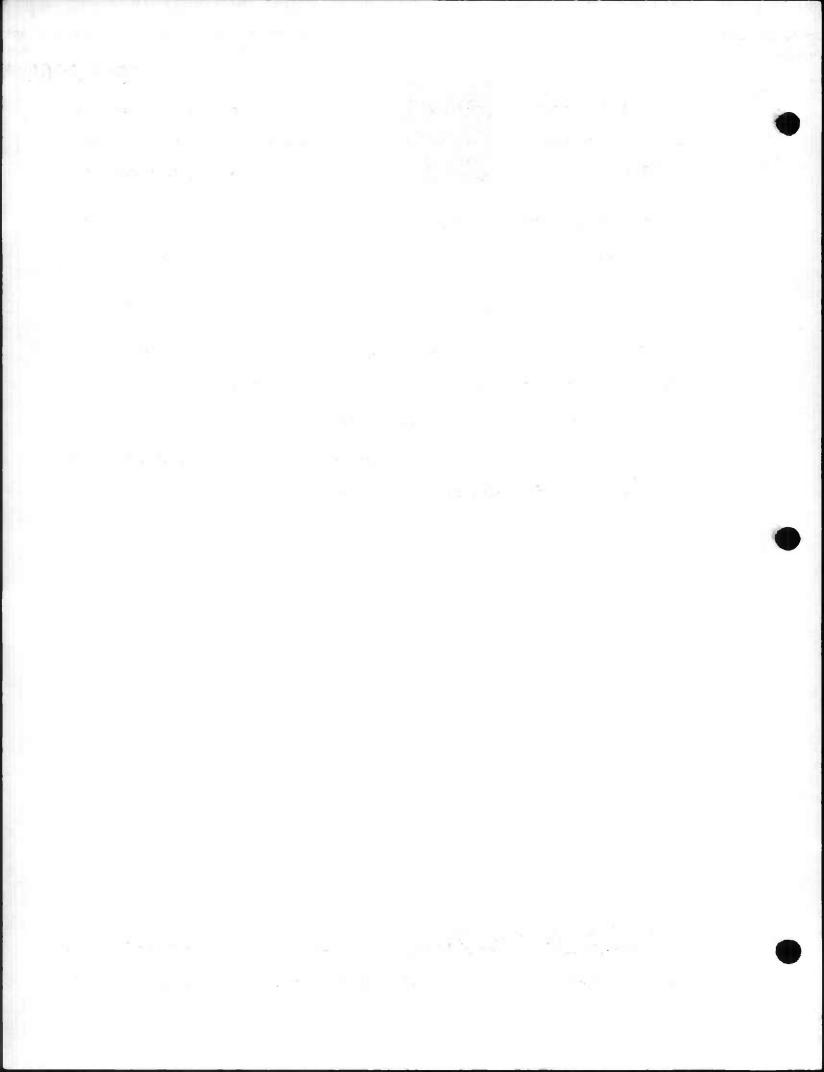
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# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

1. Deceder'ts Name (First, Mickles, Larr)   1. Deceder'ts Name (					State of Ivid	ai yiai io i	Certific		ieaith and i Death		leg. No.	96	05564		
Helen McVicker Slepitza  Provided Directory  P		<b>D</b> I		1. Decedent's Name (First, Middle, Last	)								3. Tima of Death		
South Services of President Number of Transmission, by a service of Service Services of President Services of Services of President Services of President Services of Services of Services of Services of Services of Services of Services of Services of Services of Services of Services of Services of Services of Services of Services		•		Helen McV	icker Sl	epitza	3						4:00 PM		
Social Seculty Number   Colo				4a. Facility Name (If not institution, give	street and number)			4	4b. City, Town, or I			of Death			
Social Security Number   Cape   Cap				2814 Spindle Lane	)				Bowie		Prince	Geo:	rqe's		
The State   State		Funeral				e (in yrs. last	Mont			8. Date of Birth					
The State   10c. Course   10c.		Director		373-24-0317	J M 2X F	71	Yrs.	20,0		Nov. 2	, 1924	West	"Virginia		
George William McVicker    See See   See		p .				10a Cibi T	our or Longtion					14	ad to the on them		
George William McVicker    See See   See		anyla show	<u></u>			Toc. City, I	own or Location					10			
George William McVicker    See See   See		Ne W	cto		orge's	Bowi	.e						^		
George William McVicker    See See   See		or 2	100				10f.	Zip Code			10g. Citizen of V	Vhat Coun	try?		
George William McVicker    See See   See		23a	60	2814 Spindle Lane	<u> </u>							State	es		
George William McVicker    See See   See		er de	J.	The state of the s	Armed Forces?		13. Wes De If Yes, s	ecedent of H specify Cuba	lispenic Origin? (S an, Mexican, Puert	pecify Yes or No- o Rican, etc.)	14. Rac Biac				
George William McVicker    See See   See	20	or after			1 ☐ Yes 2X N If Yes, Give	10									
George William McVicker    See See   See	8	noun Line			Year or Datas:							Wh11			
George William McVicker    See See   See	ည်	natt natt	ete	15. Decedent's Edu (Specify only highest grad	ication le <i>completed)</i>	1	(Give kind of	work done	during most of wor	rking	16b. Kind of Bu	usiness/Ind	lustry		
George William McVicker    See See   See	12	hen.	m du	Elemantary/Secondary (0-12)	Coilege (1-4or 5				<b>3</b> )		Our L	lomo			
George William McVicker    See See   See	77	har t				Н	omemake:	r	10 Mothode Ned	no /Circl Middle					
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The state of Disposition of Disposition (Plane) and the state of Disposition (Plane)	Š	J Mer	P												
The state of Disposition of Disposition (Plane) and the state of Disposition (Plane)	<u>a</u>	le st le m		The second secon	rpa, Print)	1			and Number or Ru	iral Route Numbe	r, City or Town,	State, Zip	Code)		
Physician // Medical Examiner  Physician // Medical Examiner // Me	e)	Haait m 27				noh Diese				Det-	00-1	01	. 0		
Physician // Medical Examiner  Physician // Medical Examiner // Me	0	T tof H		and the second of the second o	Ramoval from State	ceme	etery, cremetory	or other plac				,			
Physician // Medical Examiner  Physician // Medical Examiner // Me	<u>E</u>	men tant:		4 ☐ Donation 5 ☐ Other (Specify)		Chesa	peake C	remato	ory (	2-12-96	Beltsvil	lle, I	Maryland		
Physician // Medical Examiner  Physician // Medical Examiner // Me	a	eparition of the poor		21. Signature of Euneral Sarvice Licens	ae /	,	)		•						
Immediate Cause (Final Medical Examinor)    The Company of the Com		00 = e 0		Cellen	N. 160	JEJ)	карр	runei Ciet /	rai Servi	.ces, P.	A.	4D 201	210		
Immediate Cause (Final Medical Examinor)    The Company of the Com		15 11		23a. Part1. Enter the disaase, or compleshock, or heart failura. List only of	lications that caused	he daath. D	Do not entar the r	mode of dyin	ng, such as cardiad	or raspiratory a	rast,	10 20	Approximate		
Due to (or as a consequence of):    Sequence   Due to (or as a consequence of):	6	Physician											Onset end Deeth		
Due to (or as a consequence of):    Sequentially list conditions   Due to (or as a consequence of):				disease or condition	. Ovaria	ın Car	rcinoma					1	2 months		
Cause (Disease or injury) the Inhibited events in resulting in deeth) Last  Due to (or esign consequence of):    Due to (or esign consequence of):		Examine		resulting in death)	u			of):							
Cause (Disease or injury) the Inhibited events in resulting in deeth) Last  Due to (or esign consequence of):    Due to (or esign consequence of):		p ii	ine		h										
Cause (Disease or injury) the Inhibited events in resulting in deeth) Last  Due to (or esign consequence of):    Due to (or esign consequence of):		and end -tran	хап	Sequentially list conditions,  Due to (or as a consequence of):											
The property of the property o	90	cian	E	cause. Enter Underlying Cause (Disease or Injury	c										
The property of the property o	87	sate Shysi the I	dic	thet initiated events	thet initiated events										
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    1   Ves 2   No 3   Probably 4   Unknow		E 00 00	Me		4										
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    1   Ves 2   No 3   Probably 4   Unknow	8	ath c	ian												
24a. Was an autopsy performed?  24a. Was an autopsy performed?  24b. War autopsy findings available prior to completion of cause of ideath?  1   Yes   2   No		0 0 0	ysic	Part II. Other significant conditions con	ntributing to death bu	ut not resultin	g in the underlyir	ng cause giv	en in Part I.	23b. Dld t	obacco use co	ntributs to	the causs of death?		
24a. Was an autopsy performed?  24b. Was an autopsy performed?  24c. Was an autopsy performed?  25c. Was case referred to medical examinar.  25c. Was case referred to medical examinar.  25c. Was case referred to medical examinar.  25c. Was case referred to medical examinar.  25c. Injury at Work?  25c. Injury	٥.	d by detac								10	/ss 2□ No	3 Prob	ably 4 Unknown		
25. Was case referred to medical examiner?  1   Yes 2   No   No   No   No   No   No   No	S	signe d be d													
25. Was case referred to medical examiner?  1   Yes 2   No   No   No   No   No   No   No	0	nbeu	stec									ava	allable prior to		
25. Was casa referred to medical examiner?  26. Place of Death (Check only one)  27. Manner of Death  1   Naturat  28a. Date of Injury  28b. Time of Injury  28c. Injury  28b. Time of Injury  28b. Time of Injury  28c. In	9	as 2 s	npie									of c	death?		
25. Was casa referred to medical examiner?    State	=	The ate	S							1 U Y	es 2 No	10	Yes 🎾 No		
1   Natural 2   Accident 3   Suicide 4   Homicide 5   Pending investigation 5   Pending investigation 6   Could not be determined 6   Could not be determined 8   Pending investigation 6   Could not be determined 8   Pending investigation 6   Could not be determined 8   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigatio	Ĭ,	clan: ertific	Be	examiner?						ath (Check only o	ne)				
1   Natural 2   Accident 3   Suicide 4   Homicide 5   Pending investigation 5   Pending investigation 6   Could not be determined 6   Could not be determined 8   Pending investigation 6   Could not be determined 8   Pending investigation 6   Could not be determined 8   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 6   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigation 7   Pending investigatio	5	hysic his c	P	1 1 105 ZA 1 140	1 L Inpatie		Outpatient 3□	DOA Oth	er: 4 Nursing H	lome 5 KResid	ence 8 DOth	er (Specify	)		
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature and title of cartifier  30. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print)  Stephen Staal, M. D. 8300 Corporate Drive, Landover, MD 20784  31. Data filled (Month, Day, Year)  32. Racistrar's Signature			on:		28a. Date of Injur (Month, Day	Year) 281		Wor	k?	28d. Describe h	ow injury occur	red			
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature and title of cartifier  30. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print)  Stephen Staal, M. D. 8300 Corporate Drive, Landover, MD 20784  31. Data filled (Month, Day, Year)  32. Racistrar's Signature	0 0	eath. or: A	cat	2 Accident investigation			М	10	Yes 2 □ No						
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature and title of cartifier  30. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print)  Stephen Staal, M. D. 8300 Corporate Drive, Landover, MD 20784  31. Data filled (Month, Day, Year)  32. Racistrar's Signature	Ξ	rect rect	Ě	determined			, farm, street, fac	ctory, office		28f. Location (S City or Tox	itreet and Numb n, Stata)	er or Rure	Route Number,		
D 18219  Stephen Staal, M. D. 8300 Corporate Drive, Landover, MD 20784  State  31. Data filed (Month, Day, Year)  32. Ragistrar's Signatura	2	ital o													
D 18219  Stephen Staal, M. D. 8300 Corporate Drive, Landover, MD 20784  State  31. Data filed (Month, Day, Year)  32. Ragistrar's Signatura		4 hou	cal	(Check only 2 Medical Exam)	sician: To the best oner: On the basis of	f my knowled	dga, death occur	red at the tin	ne, date and piece	, and due to the o	ause(s) and ma	nner as st	ated. the causa(s)		
D 18219  Stephen Staal, M. D. 8300 Corporate Drive, Landover, MD 20784  State  31. Data filed (Month, Day, Year)  32. Ragistrar's Signatura		the I		one) and manner stated.											
30. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print)  Stephen Staal, M. D. 8300 Corporate Drive, Landover, MD 20784  State  31. Data filed (Month, Day, Year)  32. Racistrar's Signatura		To	2	29b. Signature and title of cartifier	00	0		29c. Licens	e number		29d. Date algne	d (Month, I	i (Month, Day, Year)		
Stephen Staal, M. D. 8300 Corporate Drive, Landover, MD 20784  State 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura				Dant	D 18219 February 12, 1996				1996						
State 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura		12				aath (Itam 23	a) (Type, Print)								
State  31. Data filed (Month, Day, Year)  32. Ragistrar's Signatura								porat	e Drive,	Landov	er, MD	2078	4		
					32. Ragistra	r's Signatura	Co Rad II								

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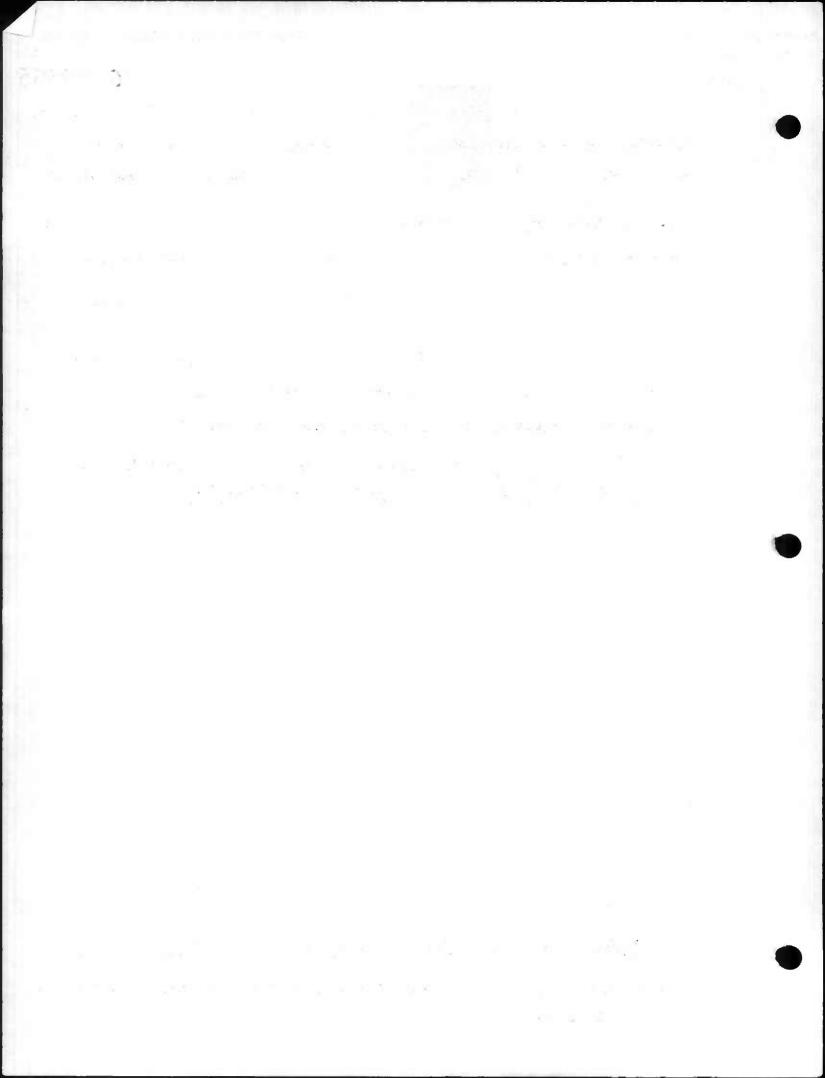


#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						(	Certifica	te of	Death		Reg. No.	95	05565		
	Physic	ian	1. Decedent's Nama (First, Midd	fle, Last)			1.0			2. Data of De Month	ath Day	Year	3. Time of Death		
	Physic /Medi			Virginia	Marie	Sha	arpnack			Februar			3:10 AM		
10	Exami		4a. Facility Name (If not institution						4b. City, Town, or	Location of Death	4c. County	of Death			
			Medbridge Medi		+				Wheaton		Mont				
ľ	Funeral Director		5. Social Security Number 174–12–5463	6. Sex 1 ☐ M 2 💢 F	7. Age (In yr. <b>76</b>		day) If Under Months	Days			h y, Year) , 1919	9. Birthp Coun Penn	elece (State or Foreign etry) sylvania		
	pue **		Usual Residence of Decedent  10a. State 10b. Count	у	10c. C	ity, Town	or Location					1	0d. inside City Limits		
	he Mary 28a-f eho	ector		tgomery	1	Wheat							1 ☐ Yas 2 ☑ No		
	23e or 2	Funeral Director	10e. Street and Number 12514 Epping Co	ourt				p Code 2090	6		10g. Chizen of N				
21215-0020	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Depertment of Heelth and Mentel Hyglene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Event net must be notified at once.	by	11. Marital Status 1 □ Never Married 2 □ X Ma 3 □ Widowed 4 □ Divorce	rried 1 Yes	2X No live	U,S.	13. Was Dece if Yas, spo 1  Yas		Hispanic Orlgin? (S an, Mexican, Puer Specify:	Specify Yas or No to Rican, etc.)	- 14. Rac Blac Specify	ck, White,	ean Indian, etc. hite		
5-0	72 hc	Completed	15. Decede	nt's Education ast grada complated	0	ecedent's Usu	ual Occu	pation	orkina	16b. Kind of B	usiness/inc	dustry			
21	ithin Ban	nple	Elementary/Secondary (0-12)	T	(1-4or 5+)			use retire	during most of wo	KHIG	Private	9			
	led w lygier her th		47 Fan at Name (Fan 1614)	4		Te	acher				Element	ary_	Schools		
anc	d off	Be	17. Father's Name (First, Middle	Cores .		ъ.			2010	ma (First, Middle,		_			
Ž	hould d Mei merke	Tol	George  19e. Informent's Name/Relation	B.			chard	- /C4	Bessi	110		Pete			
Maryland	d2s ith en ith en trau		Franklin M. Sh		II (Son		70		Road, Oli		20832	State, Zip	(Code)		
ē,	Hee Hee		20a. Method of Disposition	idipilack .		Place of D	Disposition (Na	me of		Date	20c. Location -	City or To	own, State		
9	ages ent of ht: If it		1 ☐ Burial 2X☐ Cramation 4 ☐ Donation, 5 ☐ Other (				eake C			2-10	Poltovi	110	MD		
Baltimore,	ortar		21. Signature of Funeral Service	11-1-1-1	1	icsap			ess of Facility ral Serv:		Beltsvi	Liie,	MU		
B	Depemi Import Import any Ir		1 11	0/1/1/1			2004	0							
-	_		23a Part Enter the disease, of	complications that	MOO:	ath. Do no	ot enter the mo	da of dy	Ave, Silvag, such as cardia	c or raspiratory a	rrast,	2091	Approximata		
	Physician		andck, of flear failure. Lis	t only one cause on	each line.								Interval Between Onsat and Death		
4	/Medical		Immediete Cause (Final disease or condition	Inta	racrania	al he	morrhad	ne.					1 Month		
6	Examiner	. 1	resulting in death)	a			nsequenca of						1 11011011		
	sit ad	ine		_ Clos	sed head	d inj	ury					i	1 Month		
	death certificate be executed to ettending physician and ad for use es the buriel-transit	Examiner	Sequentially list conditions,	Sequentially list conditions, Due to (or as a consequence of): if any, leading to immediate											
68760,	be ey iclan burie	ᆵ	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.												
587	icate phys s the	edicai	thet initiated events  Due to (or as a consequenca of):												
Box (		3		d											
ă	Jeath e etter	Icia	Part II. Other significant conditi	ama contribution to	dooth but not so	autilea la t	to underlying		una la David	ook Did	ahaaa waa aa	ndally de de	the cause of death?		
0	that the death cer led by the ettendir detached for use	Physician/M	rakii. Ottos alginiidani conditi	ona contributing to	Beath Dut Hot re	suming in t	ne underlying	Cause gi	ven in Pan I.	1 🗆			bebly 4 Unknown		
S, T	es that igned be det	ру Р									2,4110	0_110	outly 4 dikilowii		
Record	requir been s should	Completed t									an autopay rmed?	av	ara autopsy findings aliable prior to mpletion of cause death?		
R	The law sate has page 2	mo								10	res 2 X No		Tyes 2[XNo		
Division of Vital		BeC	25. Was case referred to medica	al					26. Place of De	ath (Check only o		,,,	2103 202110		
>	0 0	TOE	examiner? 1 <b>X</b> □ Yes 2 □ No	Hospital:	Inpatient 2	☐ ER/Outp	atlent 3 D	OA Ot	har:	Home 5□ Resid		er (Specif	(y)		
0			27. Manner of Death 1 □Naturel 5 □ Pendi	/5.6-	of Injury nth, Day Year)	28b. Tir	ne of	28c. Inju Wo	ry at		now injury occur	red			
Sio	Attanding or deeth.	catic	2 X Accident invest	igation Jan 1	13, 1990	3 1:	00 PM	1	Yes 2X No	fell					
Ë	is or Attanding Pater deeth.  Director: After to in by the funera	ertification:	3 ☐ Suicida 6 ☐ Could 4 ☐ Homicide deter	nined 28e. Plac	e of Injury - At ding, etc. (Spec	nome, fem	n, street, facto	ry, offica		City or Tov	vn, State)		il Route Number,		
	oftal ours al	O		outs	ide hom	10					pping C				
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29e. Certifier 1 Certifyi (Check only one) 2 XMedical	ng Physician: To the Examiner: On the l	basis of exemin	owledge, o ation and/	death occurred or investigation	at the ti	me, date and plac opinion, deeth occ	e, and due to the urred at the time,	cause(s) and me dete and placa,	and due to	teted. o the cause(s)		
	ithin o the omple	Mec	29b. Signature and titla of certific	and manner stated.  29c. Licanse number 29c						29d. Data signe	d (Month.	Day, Year)			
	FBFÖ		mlat.	F-	D 08546						Feb.		GI		
	, ,		30. Name end eddress of person	who completed co-	se of death (1)	m 230\ /T		) UO	J-10		FCD .	- 10	76		
	15		John F. Tauber		raa or uaatti (Itt			one:	iv Ave #	R18 Reth	nesda M	ID 21	0814-3107		
	Sta	te	31. Date filed (Month, Day, Year FEB 1		Pegistrar's Sign			-0110.	7,100 110	20, 000	.5544, 1		021 020/		
	Registr	ar	LED 1	<b>2</b> 1996 g	Pegistrar's Sign	Horto	rdall								

DHMH 16 Rev 6/95

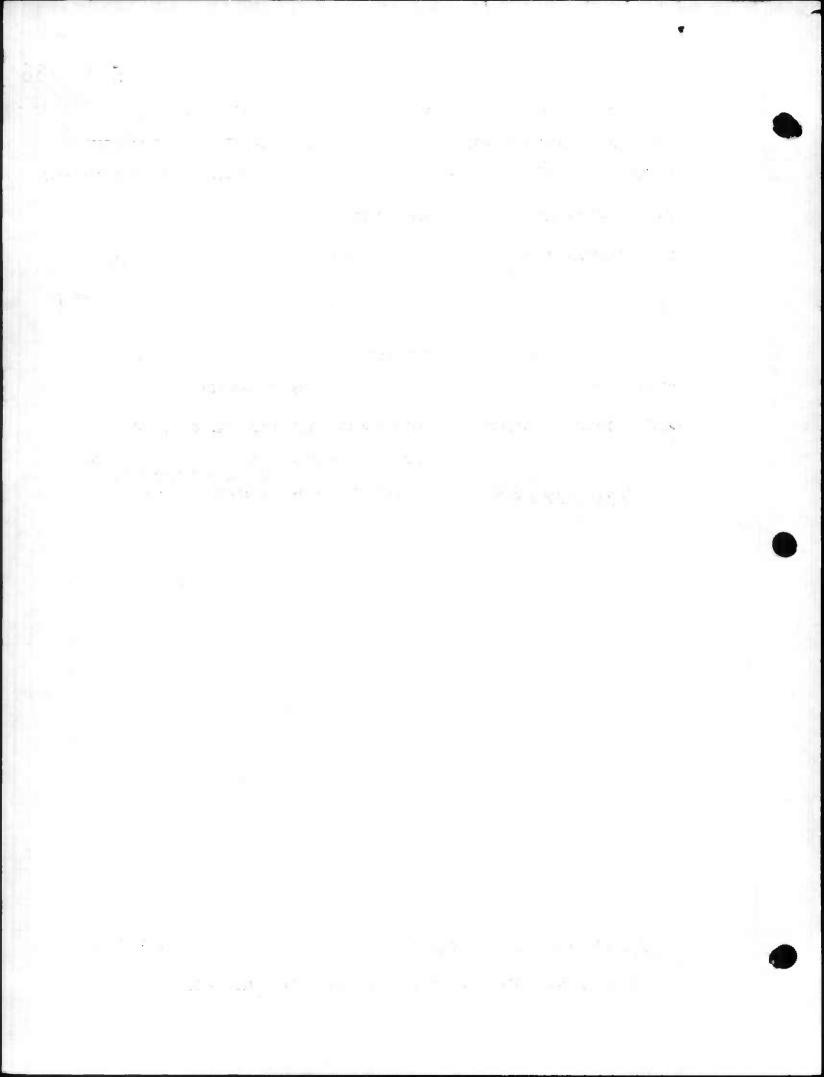


## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

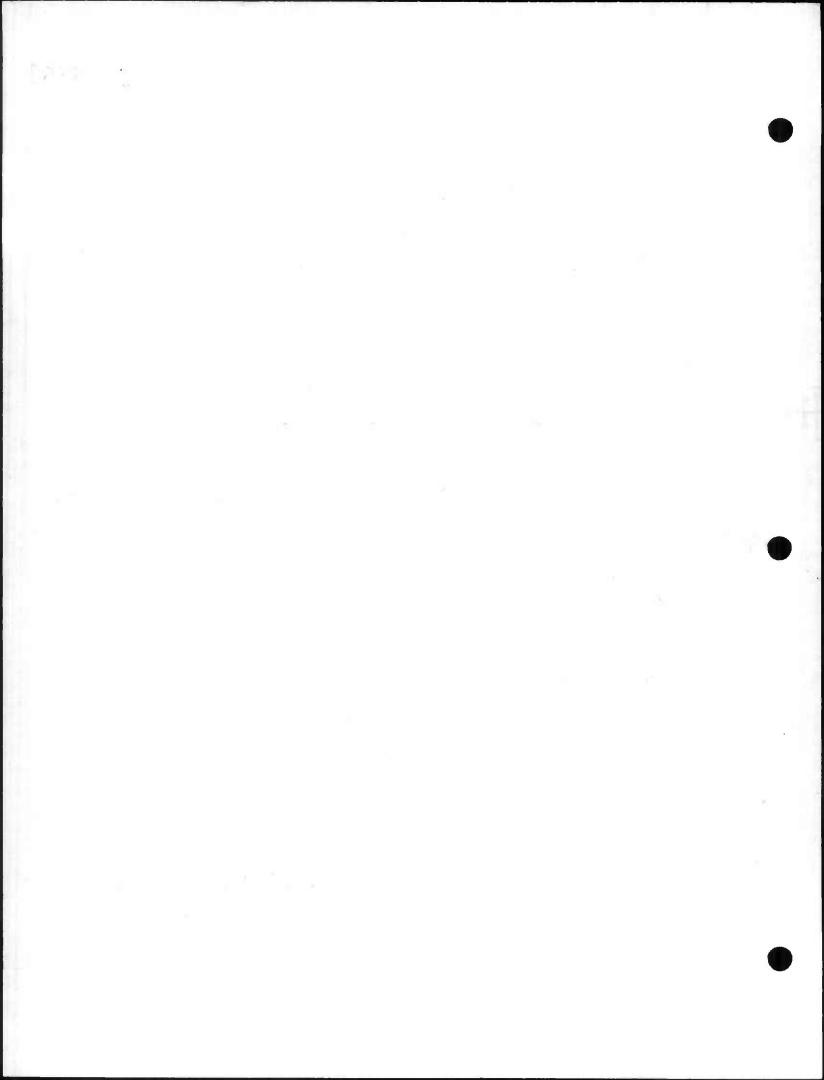
			Decedent's Nama (First, Middle		- Waryia				Death	2. Date of De	Reg. No.	95	05	566
	Physic	ian	FRANK			CTMAMD				Month	Day	Year	3. Time (	O p.m.
	/Medi			J.		SINATR	A			FEB.8,			10.0	о р.ш.
<i>.</i>	Exami	ner	4e. Facility Name (If not institution						**	r Location of Deeth				
			8100 CONNECTI						CHEVY		MON	<b>IGOME</b>	RY	
	Funeral Director		5. Social Security Number 186.09.0733 Usual Rasidence of Decedent	6. Sex XXX M 2□ F	7. Age (In <i>yrs</i> 88	. last birthday) Yrs.	Months	Deys	If Under 24 Hr Hours Mir		th y, <i>Year)</i> ,1907	9. Birthp Coun PENNS	iace (State itry) SYLVAI	or Foreign NIA
	h the Meryland r 28a-f ehow	tor	10a. Stete 10b. County MD MONTGO	MERY	1	ity, Town or Lo		E		-		1	0d. Inside (	City Limits
	th with the 23a or 28a	Funeral Director	10e. Street and Number 8100 CONNECTIO	UT AVENUE	#321			p Code	5		10g. Citizen of	What Coun	try?	
020	urs after dea er, or items evammer m	by Funer	11. Maritel Stetus  1 □ Never Merried 2 □ Merrie 3 ☒ Widowed 4 □ Divorced	12. Wes Dece Armed For 1 Tes If Yes, Giv Year or Da	2 🛣 No		Wes Dece If Yes, spe	edent of h		Specify Yes or No rto Rican, etc.)		ck, White,		ГE
21215-0020	permit. Peges 1 end 2 should be filed within 72 hours Department of Heelth and Mentel Hyglene. Important: if item 27 ie marked other than "nature!; any finjury or other traumatic event, the Medical Expose.	Completed by	15. Decedent' (Specify only highes Elementery/Secondary (0-12)	College (1	-4or 5+)	16a. Dece (Give life. MUSIC:	kind of w DO NOT	ual Occup ork done use retire	pation during most of wi d)	orking	16b. Kind of B		lustry	
Maryiand	d be file and othe	Be	17. Father'a Name (First, Middle, L PHILIP W. SINAT			<u>,                                      </u>				ame (First, Middle,	Meiden Sumer			
Z	houle d Me mark matic	To	19a. Intormant'a Name/Relationsh			10h Malil	na Addras	e (Stroot		De COS IPIA		Ctata 7la	Codel	
M	d 2 s th an 7 ie				0							•	C000)	
a,	1 en Heel em 2		PATRICIA MARIE  20a. Method of Disposition	COSTANTIN	20b.	Place of Dispo	sition (Ne	me of		UMBIA, M	D 2104 20c. Location		wn State	
Baltimore,	nt of nt of nt of nt of		1 ☐ Burial 2 🕅 Cremation		Stata	<ul> <li>cometery, cred</li> <li>COMF(</li> </ul>	metory or	other ple		1				
Ē	it. Purture		4 ☐ Donation 5 ☐ Other (Sp 21. Signature of Fugeral Service L		FII					2/11/96 SEPH GAW			VA.	
Ba	Depar Impor any fr		> Keah Yn	Files	,	5.	130 W	I AV	E NW WAS	SHINGTON	DC 2001			
	Physician /Medical Examiner		23a. Part 1/Erter the disease, of shock, or heer tellure. List of the control of		CELL C		IA ME	TAST	ATIC TO		rest,		Approxime Interval Be Onset and	ite itween Death
	ecuted ind transit	Examiner	Sequentially list conditions,	b Due to (or es a consequance of):										-
68760,	cate be executed physician and the burial-transit	edicai E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events control in its death.) Leading to the control in the con											
Box 68	requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the burial-transit		resulting in death) Last	d	D00 10 (1	51 45 4 CO1154Q	juenca or,	•						
	death a atte	icia	Part II. Other significant condition	e contributing to do	ath but not rou	nulting lo the u	adad in a		on in Dard I	OOP Did	obsess use se	manda san an	the series	ad alcosts 0
P.0	that the de ed by the detached	/ Physician/N	Tattii. Outer aigimoani conditor	s contributing to de	atii but not ras	solung in the o	nderlying	cause gn	on in Part I.		obacco use co Yes 2□ No			
Records,	2 8 5	Completed by								24a. Was perio	en eutopsy rmed?	cor	ere autopsy allable prior apletion of death?	to
E	The law ate has b page 2 s	E O								101	es Z No	10	Yes 2	∃No
Vitai	ysiclan: The sectificate director, pag	Be (	25. Was case reterred to medical						28. Place of De	eath (Check only o	ne)		-	
>	0 0	To	examiner? 1 ☐ Yes 2]∑ No	Hospital: 1 ☐ in	patient 2	ER/Outpatier	nt 3 D	OA Ott	ner: 4 Nursing	Home 5% Resid	lence 8 DOth	er (Specifi	()	
on of	ding Ph h. After th funeral		27. Manner of Death  1 Natural 5 Pending 2 Accident Invastige		f Injury h, Dey Year)	28b. Time of Injury	t M	28c. Injui		28d. Dascribe				
Division	To the Hospital or Attending within 24 hours after death.  To the Funerel Director: After completely filled in by the fune	Certification:	3 Suicide 6 Could no 4 Homicide datermin	ot be 28e. Place	of Injury - At h g, etc. (Speci	nome, farm, atr				28t. Location (S City or Tox	Street end Numl m, Stete)	per or Rura	Route Nur	nber,
	Mospi 24 hou Funer letely fill	edical	29a. Certifiar (Check only one)   # Certifying 2 Medical E	Physician: To the backaminer: On the backaminer	sis ot examina	owiedga, death ation and/or in	occurred vestigation	et the tir	ne, date and place pinion, death occ	e, and due to the curred at the time,	causa(s) and middle and place,	anner as st and due to	ated. the cause(	(s)
	vithir To th	Me	29b. Signeture end title of certifier				29	c. Licens	e number		29d. Date signe	d (Month, I	Day, Year)	
	F > F 0		) fortal	u_	M	D		D20	367		FEB. 9			
	1		30. Name and address of person w		of deeth (Iter	m 23a) (Type,								
			Jøel Kalman, M			tive B	Lvd.	Roc	kville,	Md. 2085	2			
	Sta Registr	te ar	31. Date tiled (Month, Day, Year) FEB 12 19	96 July	gistrans Sign	Kardall								

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DIVISION OF VITAL	č
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	FOR 1 - STATE REGISTRAR	STATE OF MARY		ARTMENT OF		MENT	TAL HYGIEN		96	05567
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH	AY	YEAR 3.	TIME OF DEATN
	Charlo	tte Hoag S	Staber					14. ]	1996	12:20 P M
	4. SOCIAL SECURITY NUMBER	The second secon	E (In yrs. last birthd	(ay) IF UNDER 1 YE.		7. DA	TE OF BIRTH onth, Day, Year)		8. BIRTHPL.	ACE (State or Foreign
	220-56-9236	1 M 2/(X) F	86 YR	S. MONTHS DA	NOUNS MIN.	Apr:	il 28, 1	909		igan
	9e. FACILITY NAME (If not institution, give s				YN OR LOCATION OF I	DEATN		9c. COU	NTY OF DEAT	'N
DIRECTOR	Collington Epsicopal L		nity	Mitche	ellville			Prin	nce Ge	orge's
E E	10a. STATE 10b. COUNTY			CITY, TOWN OR LO					10	d. INSIDE CITY LIMITS?
		e George's		<u>litchell</u>						☐ YES 2 XNO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			-	IZEN OF WHA	
뽕	10450 Lottsford R	t2. WAS DECEDENT EVER	IN U.C. ADMED	40, 140,	20721		0.000.00		ited S	
- 1	1 Never Merried 2 Merried	FORCES? 1 YES	S 2 X NO	If yes	DECENDENT OF NISP , specify Cuben, Mexic	can, Puer		8 OF NO.	Black, W	Americen Indien, hite, etc.
B	₩ Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	''	YES 2 NO Spec	ciny:			Specify:	nite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDEN	IT'S USUAL OCCUP of work done during	ATION		16b. KIND OF BU	SINESS/INC		1200
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	OT use retired.)	Those or working	- 1				
MP		4	Homema	sker			Own Ho	ome		
ဗြ	17. FATHER'S NAME (First, Middle, Last)	llee-					st, Middle, Maiden	Surname)		
H	(Unavailable)  190. INFORMANT'S NAME (Type/Print)	Hoag			Grace					
၉	George I. Staber,	In		D Bass C	eet end Number or Rurs	ldor		vn, State, Zij 206		
	200. METHOD OF DISPOSITION			TEOF DISPOSITION					City or Town,	State
	1 Deuriel 2 Cremation 3 Rem-	oval from State	emetery cremetory	or other place)	(Name of		-15 Bet			CIVER .
	21. SIGNATURE OF FUNERAL SERVICE LIC		J. J. J.	22. NAM	E AND ADDRESS OF I	FACILITY				yTanu
	Dona (	Al Ros	2	Rap	p Funeral	Ser	vices,	P. A		
	23. PART I. Enter the diseases, or o	complications that name	ad the death f		Gist Ave					1D 20910
	ahock, or heert failure.	List only one ceuse on	eech line.	o noi emer the	mode or dying, so	Jon es c	erdiac or reap	ilratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	0								Onset and Daath
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):								1 day
Z		h								!
은	Sequentially list conditions, if sny, iseding to immediate	DUE TO (OR AS	A CONSEQUENC	E OF):						
<u>S</u>	CAUSE (Disease or Injury	с								
1	thet initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENC	E OF):						
CERTIFICATION		d			_					
- I	PART II. Other significant condition	s contributing to deeth	but not resulti	ng in the under	ying ceuse given i	In Part I	. 24a. WAS AF			ERE AUTOPSY FINDINGS
용	Cerchiara.	mle					1 YES		00	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
ME								/ (		□ YES 2 X NO
PHYSICIAN: MEDICA	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH	YES   NO	☐ UNCERTA	IN 🗆				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF I	QTHER:	one)					
YSI	1 WES 2 X NO	1 Inpetient 2 ER/Ou		A 4X Nursing	Nome 5 - Residence	• 6 🗆 C	ther (Specify)			
	27. MANNER OF DEATH  XX Natural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)		INJURY	WORK?	28d.	DESCRIBE NOW	INJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJUR	RY At home, far	rm, atreet, factory,	office		OCATION (Street		r or Rural Roul	le Number,
See Certifier    Condition to be determined   See   Condition to be determined   See   Condition to be determined   See   Condition to be determined   See   Condition to be determined   See   Condition to the see   S										
N	anal .	R: On the beels of axaminst								nd manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE				_ 29c. LICENSE N	UMBER		29d, DA1	E SIGNED (M	onth, Day, Year)
B	would. Va	1 A++	ereing 1	the con	Dar	07	9			/ 14, 1996
임	30. NAME AND ADDRESS OF PERSON WH				1000	<u> </u>		1 10	DI UGI	17, 1000
	Don H. Yablonowit			ecutive	Place, #5	02,	Seabro	ook,	MD 20	0706
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG								
	FEB 15 1991	6 Julia David	sor Kardel	4						
	**	1.7								DHMH-16 Rev 1/



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Celia

31. DATE FILED (MONTE) DE 1996

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		Celia	Ε.	Sa	nde:	<u>l</u>					Febru	ary	8, 19	96	5:00 P	
		4. SOCIAL SECURITY NUM	MBER	5. SEX	8. AGE	(In yrs. last birthda		DER 1 YEAR	-	1 24 HRS.	7. DATE OF (Month, D	BIATH			LACE (State or Foreign	
		210-16-43:	21	1 🗌 M 2 🖔 F	7]	YRS	MONTH	DAYS	HOURS	MIN.			1924		sylvania	
3 should		9s. FACILITY NAME (If not	institution, give	street end number)			9b. C	TY, TOWN	R LOCATI	ON OF DE	ATN 15	Contraction of the Contraction o	9c. COU	NTY OF DE	ATN	
62	ECTOR	12119 Son	gbird :	Lane			G	erman	ntown	1			Mon	tgom	ery	
- S	[ [ [	RESIDENCE OF DE	10b. COUN	TY .		100 (	TTV TOW	OR LOCAT	NON!							
20	DIRI	Maryland				100.									10d, INSIDE CITY LIMITS?	
ji.	1 . 1	Maryland  100. STREET AND NUMBER		tgomery			Ge	rmant	ZIP COD				100 CITI		1 TYES 2 NO	
physician. burial-transit permit. Pages 1.	FUNERAL	_ 12119 Son	third '	Lano												
physician. burial-tran		11. MARITAL STATUS	JULIU .	12. WAS DECEDEN	T EVER	N U.S.ARMED	1	3. WAS DEC	208		IC ORIGIN? (S	Specify Ye	or No.		States - American Indian.	
		1 Never Married 2	_	FORCES? 1				if yes, sp	ecify Cube	m, Mexicar Specify	, Puerto Rica	n, etc.)		Black, Specify	White, etc.	
attending se as the	ВУ	3 Wildowed 4 X Div	rorced	<u> </u>					QI.						White	
	ED I		CEDENT'S ED			16a. DECEDENT		OCCUPATION OCCUPATION		na	16b. KI	NO OF BU	SINESS/INC	DUSTRY		
i ng ig	E	Elementary/Secondary	(0-12)	College (1-4 or 5	+)	Iffe. Do NOI	use retired	f.)		•						
he hospital detached fo	COMPL	12				Payro	11 C	lerk				xtil				
es		17. FATHER'S NAME (First,									WE (First, Midd	fle, Maiden	Surneme)			
	띪	Ernest Ma			_	E Constant				e Sn	44			-		
s should notified	임	Thomas C.		1 C×							oute Number,					
be age		20e. METHOD OF DISPOSE		1, 51.	200						rmant	_			20876	
e 6 may ector. pa must b		1 Buriel 2 Cremat	lon 3 🗆 Rer	noval from State	cer	netery, cremetory of	other place	Febr	mary	9,	1996		CATION -			
		21. SIGNATURE OF FUNER		CENSEE	-	lontgome M00831	ry C	Lemat	O ADDRE	SS OF FAC	nc.	Be.	thesa	a, Ma	ryland	
r death. e funera al. exami		Darbara	gom,	Mullen		Mence		Rober Rockv	t A.	Pum In	phrey C. 300	Fund Wes	eral st Mo	Home/	mery 00-2805	
g > E 3		23. PART I. Enter the	diseeses, or	complications the	t cause	d the death. De	not ent	er the mo	de of dy	ing, auch	as cardiac	or reap	Iratory an	eat,	Approximata	
P o E		immediate Cause (F		Liet only one cau	ise on e	ech line.									Interval Betwee	
		disease or condition resulting in death)	<b>→</b>	PULMO	NA	ey AM	PHU	15AM	14							
		resulting in destin)	,			A CONSEQUENCE		1001	**						10 years	
executed and con bunial, matic er	z			b.												
e be execut sician and c rior to buni traumatic	ERTIFICATION	Sequentially list condi If any, leeding to Imme	ediete	DUE TO	(OR AS	CONSEQUENCE	OF):									
	2	CAUSE (Disease or inj		c												
	E	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST														
= = =	S			d												
of the		PART II. Other algnific	ant conditio	ns contributing to	deeth b	out not resultin	g in the	underlying	cause g	given in f	Pert 1. 24		AUTOPSY		WERE AUTOPSY FINDING	
that than than	MEDICAL	Osteoporo	र्था ।	Venous	The	sin bo en	holis	14	_			PERFOI		- 1 -	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
requires thate signed of Health shows an	ME												<b>J</b>		OF DEATH?	
has been Dept. of 1	ä	DID TOBACCO I	JSE CONT	RIBUTE TO CA	USE C	F DEATH	ES 🔀	NO [	UNC	ERTAIN						
N: The licate has State De	CIA	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	ucopy.		26. PLACE OF DE	_									
SiCIAN: The certificate h the State I	HYSIC!	1 - YES 2 0 NO		HOSPITAL:	ER/Out	patient 3 🗆 DOA	OTH 4 □ N		5 A Re	sidence (	Other (S)	pecify)				
PHYSICIAN: this certifica with the St.	H	27. MANNER OF DEATH		26e. DATE OF (Month, D			IME OF NJURY	28c. INJ	URY AT		28d. DEŞCRI	BE HOW	NJURY OCC	CURED		
DING PHYSI After this c death with	ВУ	1 Natural 5  2 Accident	Pending Investigation				M		'ES 2 [	NO						
0 4 0		3 Suicide 6 4 Homicide	Could not be	26e. PLACE O building,	F INJURY etc. (Spe	— At home, farm	, street, to	ctory, office			261. LOCATIO	N (Street	and Number	or Rural Ro	ute Number,	
OR ATTEN DIRECTOR: hours after tem 28 is	COMPLETED		determined													
TAL OR A AL DIREC 72 hours 11 item	집	(Check only 1 CER	TIFYING PHYS	ICIAN: To the best of	my know	ledge, death occu	rred at the	time, data	end place	, end due t	to the cause(	) end ma	nner ee stat	ed,		
	Ö	one) 2 MEG	DICAL EXAMIN	ER: On the basis of e	aminatio	n end/or investiga	tion, in my	opinion, de	eath occur	ed at the t	ime, data and	place, er	nd due to th	e cause(e)	end manner ee stated,	
TO THE HOSP TO THE FUNER DE filed within	BE C	296. SIGNATURE AND TITL	E OF PENTIFIE	0					29c. LICE	NSE NUM	BER		29d, DATI	E SIGNED (	Month, Day, Year)	
₽ ₽ ₽ <b>3.</b>	0 B	(97/V.)	Arce	2	N	5			02	45	40		1	ER C	1 1996	
	F	30. NAME AND AGORESS C	F PERSON W	O COMPLETED CAUS	E OF DE		pe, Print)	=	1	4		1	Thans	,		
		(Os) 1.	Sch	senbey	3	162	20	Fred	eleni	ih Ka	2 (	ا بعد	Mars	bry		

39. REGISTRANG SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

05568 96

Approximata Interval Between Onset and Death 10 yours

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

3. TIME OF DEATN

2. DATE OF DEATH DAY

Amended # 27, per M.D., 2/13/96, MRT, Montgomery County

1 - FOR STATE BEGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIEN	E
		CI	ERTIFICATE	0	F DEAT	TH.		DEC NO	

	REGISTRAR		CE	-miller	CAIL	JE DEALH	l .	REG. NO.			
į	1. DECEDENT'S NAME (First, Middle		SHEARER				2. DATE OF DEATH MONTH DAY 1997 1997 114 114 114 114 114 114 114 114 114 11				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t historia d	IF UNDER 1 YE		- T	DATE OF BIRTH		10	(State or Foreign
	577-36-1380	1 M 2 F	82				IIN.	(Month, Day, Year) ARCH 26,1	- 1	Country)	YLAND
	9a. FACILITY NAME (If not institution	, give street and number)			9b. CITY, TO	WN OR LOCATION	OF DEATH			Y OF DEATH	
۳ ا	HOLY CROSS	HOSPTTAT.			ST	LVER SP	RING		MO	NTGOME	RV
K I	RESIDENCE OF DECEDE				100	27221 011	12.110		120	TATO OF THE	777
DIRECTOR		MONTGOMERY		10c. CITY	TTD	ocation ER SPRII	ıcı			L	NSIDE CITY IMITS? YES 2 NO
- 1	10e. STREET AND NUMBER	PIOTE LO CALLITE			٧٠٠٠	101, ZIP CODE	.VO		10+ CITIZI	EN OF WHAT C	
FUNERAL	and the second second second	T D C M O T T C M O				-27 100 1000	. 1		10g. CITIZE	= 5.43.10	
N N		LDSTONE CT.	_			2090				U.S.A	
2	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. AR	MED		DECENDENT OF H a, specify Cuban, h		ORIGIN? (Specify Yea uerlo Rican, etc.)	or No- 1	4. RACE — Am Black, White	
BY	3' Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1 🗆	YES 2 NO	Specify:			Specify:	WHITE
2	15. DECEDENT	'S EDUCATION	16e DE	CEDENT'S I	JSUAL OCCU	PATION		16b. KINO OF BUS	INESS/INDI		MITTI
	(Specify only highes	t grade completed)	(Gi	ive kind of w Do NOT use	ork done durir	g most of working		Too. KING OF BOS	III COO/III DO	JIN!	
ا ڌِ	Elementary/Secondary (0-12)	College (1-4 or 5	+)			TOWN		GCI	TTEATHE	HOMES	5
COMPL	12 17. FATHER'S NAME (First, Middle, L			поп	JSEKEE					TOTAL	
_	BENJAMIN		PTER			18. WOTHER		(First, Middle, Maiden :		TTATE	NTOC THE
H H							RUI				NOWN
2	19a. INFORMANT'S NAME (Type/Prin		191				10	e Number, City or Town	n, State, Zip C	Code)	
		AUE		SAM		- 1	10				
	20a: METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 C  4 Donation 5 Dother (Specific	Removal from State	cemetery, cre	matory or oti	F DISPOSITIO			DATE 20c. LOC	CATION — CI	ity or Town, Str	ita
	4 ☐ Donation 5 ☐ Other (Specification 21, SIGNATURE OF FUNERAL SERV		- I CHAM	IBERS	CREMA	TORY ME AND ADDRESS	OF FA011 0	1	RIVER	DALE,	MD.
	13/19/C	Kamley	a M	100091				CO. INC.	SILV	ER SPR	20910 ING. MD.
	23. PART I. Enter the disesse		t caused the de	ath. Do n					*	st,	Approximate
	shock, or heert to	liture. Liet only one cer	use on each line	1,	,						Interval Between Onset and Death
- 1	disease or condition	eumotho	XND	000	Phe	I Mai	perilone	HW	i	UNK.	
1	resulting in death)		(OR AS A CONSE		):	1 1000	11.10	1201014			UN.
-		- 111	ma hin	lorat	in 0	ind Bo	wel	myla	strin		UNK.
CERTIFICATION	Sequentielly list conditions,  OUE TO (OR & A CHIED VENCE OF):  If any leading to immediate								122		
3	cause. Enter UNDERLYING		EC091	2111	ER :	and la	Mila	2 Instr	him		UNK.
Ĕ	CAUSE (Disease or Injury that initiated events	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):								0.7071	
	resulting in deeth) LAST	4									
5											
A	PART II. Other significent con	A . A.	()		. 1	rlying cause give	en In Par	t I. 24a. WAS AN PERFOR			AUTOPSY FINDINGS
EDICA	Pauminia			MXC		111.4		t TYES 2	PHO	COMP OF DE	LETION OF CAUSE
M	Atrid	Libraldin	1	150 /2	Ita	millitu	a .		-		YES 2 NO
Z	DID TOBACCO USE C			TH YE							
SICIAN:	25. WAS CASE REFERRED TO MED		28. PLAC	E OF DEAT	H (Check only	one)					
S	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER: 4 Nursing	Home 5 🗆 Reald	ence 6	Other (Specify)			
¥	27. MANNER OF DEATH	28a. DATE O		28b. TIME		. INJURY AT	28	d. DESCRIBE HOW II	NJURY OCCU	JRED	
- 1		(MONTO, I	Day, Year)	INJ		WORK?  YES 2 N	10				
4	Natural 5 Pendin	9	28e PLACE OF INJURY — At home farm street lactory office. 28t I CCATION (Street and Mun.						iber or Rural Route Number		
ВУР	Netural 5 Pendin	g gation 28e. PLACE (	OF INJURY — At ho	me, farm, s	treet, lactory,		_	I. LOCATION (Street a	and Number o	or Rural Route N	umber,
ED BY P	Netural 5 Pendin	g gation 28e. PLACE ( building	OF INJURY — At he atc. (Specify)	me, ferm, s	treet, lactory,		_	of LOCATION (Street a City or Town, State)	and Number o	or Rural Route N	umber,
ED BY P	Netural 5 Pendin Investil 3 Suicide 8 Could detarm	g gation not be ined	, atc. (Specify)			offica	26	City or Town, State)			umber,
ED BY P	Netural 5 Pendin Investigation   Suicide 4 Homicide   Pendin Investigation   Suicide 4 Homicide   Pendin Investigation   Suicide   Suicide   Suicide   Pendin Investigation   Suicide   Suicide   Pendin Investigation   Suicide   Pendin Investigation   Suicide   Pendin Investigation   Suicide   Pendin Investigation   Suicide   Pendin Investigation   Pendin Investigati	gation 28s. PLACE of building PHYSICIAN: To the best of	, atc. (Specify)  f my knowledge, da	ath occurre	d at the time	office	26 and due to 1	City or Town, State) the cause(a) and man	iner as Slate	d,	
ED BY P	Netural 5 Pendin Investignment    3 Suicide 8 Could detarm  29a. CERTIFIER (Check only one) 2 MEDICAL E.	gatton along and the building 28e. PLACE (building lined 28e. PLACE (building 28e. PLACE (building lined 28e. PLACE (building lined 28e. PLACE (building lined 28e. PLACE (building lined 28e. PLACE (building 28e. PLACE (building 18e. PLACE (building 18e. PLACE (building 28e. PLACE (building 18e. PLACE (building 18e. PLACE (building 18e. PLACE (building 18e. PLACE (building 18e. PLACE (building 18e	, atc. (Specify)  f my knowledge, da	ath occurre	d at the time	offica data and place, ar	26 at the time	City or Town, State) the cause(a) and man e, data and placa, an	iner as Slate	d,	
COMPLETED BY P	Netural 5 Pendin Investigation   Suicide 4 Homicide   Pendin Investigation   Suicide 4 Homicide   Pendin Investigation   Suicide   Suicide   Suicide   Pendin Investigation   Suicide   Suicide   Pendin Investigation   Suicide   Pendin Investigation   Suicide   Pendin Investigation   Suicide   Pendin Investigation   Suicide   Pendin Investigation   Pendin Investigati	galtion not be 28e. PLACE (building lined 28e. PLACE (childing lined 28e. P	, atc. (Specify)  f my knowledge, da	ath occurre	d at the time	office	26 at the time	City or Town, State) the cause(a) and man e, data and placa, an	ner sa state	d,	nanner as stated,
7	Netural 5 Pendin Investignment of the second	galtion and be 28e. PLACE (building lined 28e. P	, atc. (Specify)  If my knowledge, da  examination and/or	ath occurre	d at the time	offica data and place, ar	26 at the time	City or Town, State) the cause(a) and man e, data and placa, an	ner sa state	d. cause(s) and r	nanner as stated,
BE COMPLETED BY P	Netural 5 Pendin Investing 3 Suicide 8 Could detarm  29a. CERTIFIER (Check only one) 2 MEDICAL E  29b. SIGNATURE AND TITLE OF CE  30. NAME AND ADDRESS OF PERS	gatton and be 28e. PLACE of building street of the building street o	, atc. (Specify)  If my knowledge, da  examination and/or	ath occurre	d at the time n, in my opin  Print)	offica data and place, ar	at the time	City or Town, State) the cause(a) and man e, data and place, an	d dua to the	d. cause(s) and r	nanner as sisted,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND E OF DEATH	MENTAL HYGIE		6 055110
1. DECEDENT'S NAME (First, Middle, Last)	1 1	0 0		2. DATE OF DEATH MONTH		3. TIME OF DEATN
ROATTICE K	achael		25-R	FEB 4	1990	5:56PM M
703-07-9085		(In yrs. last brithday) IF UNDE YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give s			Y, TOWN OR LOCATION OF D	NOV 28		redenick Cour
Meridian Nursi	ing Center	F	rederick		F	rederick
10a. STATE 10b. COUNT	Υ	10c. CITY, TOWN				tod, INSIDE CITY
Manyland Fre	edenick	\ \n\c	oxville 101. ZIP CODE			1  YES 2 NO
1334 Souden Ro	and		2/758		10g. CITIZE	
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES		. WAS DECENDENT OF NISPA		Yes or No — 14	4. RACE — American Indian, Black, White, atc.
t Never Married 2 Married  3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D		If yes, specify Cuban, Mexic 1 ☐ YES 2 ☑ NO Speci			Specify: White
15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a. DECEDENT'S USUAL ( (Give kind of work done	OCCUPATION during most of working	16b. KIND OF I	BUSINESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.		# -	memake	
17. FATHER'S NAME (First, Middle, Last)		Housewife		AME (First, Middle, Maid		2.11
Roy Brightwel	11		Ida	May Smit	h	
190. INFORMANT'S NAME (Type/Print) Many J. Ephnai	L m		ss (Street and Number or Rural t Potomac .			
20a. METNOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Rem	206	PLACE AND DATE OF DISPO	SITION (Name of	DATE 20c.	LOCATION — CII	y or Town, State
4 Donation 5 Other (Specify)  21. SIGNATUR® OF FUNERAL SERVICE LIE	A		Vat'l Ceme			
Banbana A.	9. Willia,	ms Owner	Hame and agoress of Fi John T. Wil 100 Peters	Iliams F ville Ro	unera ad Bri	l Home unswick MD
23. PART I. Enter the diseases, or	complications that cause Liet only one cause on a	the death. Do not ente				
iMMEDIATE CAUSE (Final disease or condition	0	1 1 2 2	1 ~			Onset and Death
resulting in deeth)	e. On all	CONSEQUENCE OF:	eurt ta	ilure		years
	Sculto	M. Loul	Tasuf	Plueno	1	Nedes
Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	2,130	. 101	7	y two
CAUSE (Disease or Injury	C. DUE TO (OR AS A	CONSEQUENCE OF):				
thet initieted events reaulting in death) LAST	d de lo (on As A	CONSCOURNCE OF):				
PART II. Other significent condition	ne contributing to death h	ut not regulting in the u	anderbiles seven about in	Port I or uno		
	To death b	at not reediting in the d	inderlying cease given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 🗌 YES	2 NO	OF DEATH?
					,	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (CI	heck only one)		
t YES 2 NO	1   Inpetiant 2   ER/Outp		rsing Nome 5 - Residence			
1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. DESCRIBE HON	V INJURY OCCU	RED
2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spec	— At home, ferm, street, fe		28f. LOCATION (Street	et and Number or	Rural Route Number,
4 Nomicide determined	bunding, etc. (Spec	:ny)		City or Town, Sta	te)	
	ICIAN: To the best of my know ER: On the basis of exemination					Cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU			BIGNED (Mogth, Day, Year)
Menn			D3 5	223	D 2	15/94
30. NAME AND APPRESS OF PERSON W	COMPLETED CAUSE OF DE	1 1	Bounswich	U mi	2171	/
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		Bt (VI) W(()	1	X1 /15	
1 [ ] 0 ( 1930	2) Ruch	ox Road of				DHMH-16 Rev 1/89

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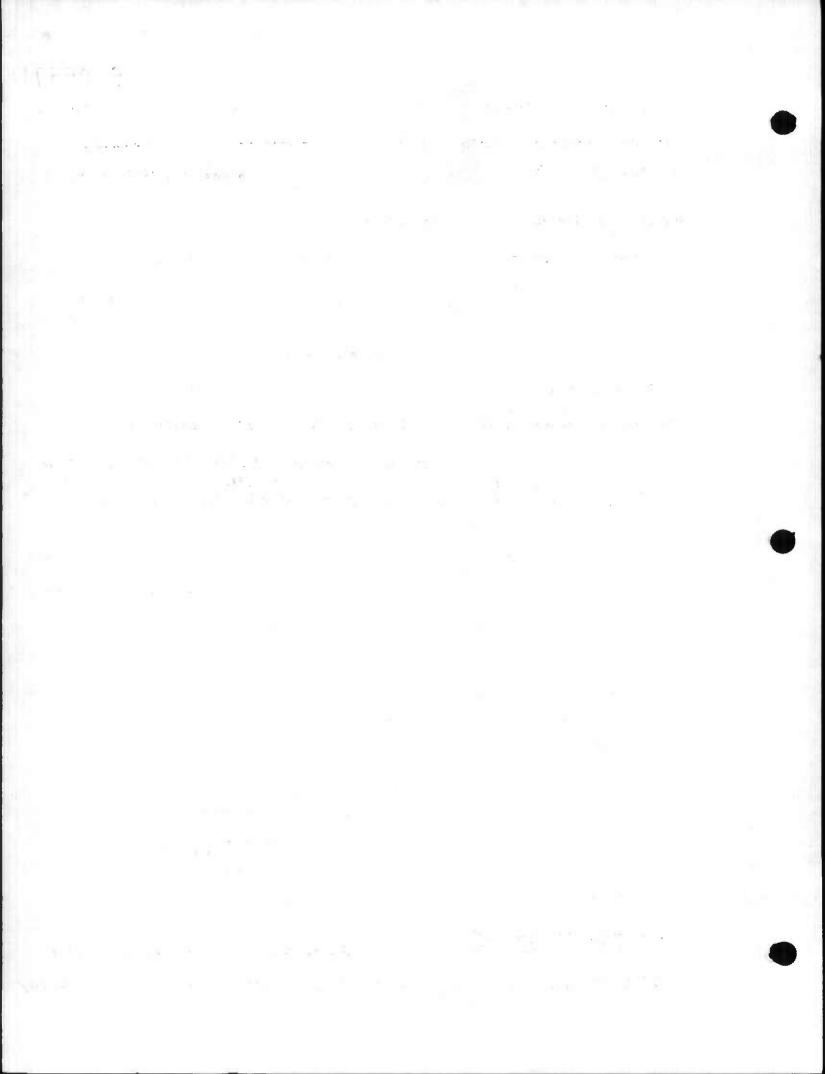
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					State of N	viaryiand /		ment of F icate of	lealth and			o =	
		ė	1. Decedent's Neme	(First, Middle, Las	t)		Ociun	icate or	Dealii	2. Dete of De	Reg. No.	96	0.5571
ш	Physici	an	Milla							Month	Dey	Year	5. Time of Death
	/Medi		4a. Facility Nama (If		Snoots	arl .			4b. City, Town, or	Februa:		996	7:00 A
	Examir	er				•					10.000,		1
-			5. Sociel Security Nu	ck Memori		Call Aga (In yrs. iest bi	irthday) if	Undar 1 Yaar	Frederi	. C.K.	h Fre	ederi	
	Funeral Director		216-14-53	1	XM 2□F	73	Yrs.	onths Deys	Hours Min.	8. Deta of Birt (Month, De	7, Year) 19, 192	Coun	elece (Steta or Foreign
			Usuei Rasidenca of i			. 13			1	August	19, 19,	LZ M	aryland
	nylan how		10e. Steta	10b. County		10c. City, Tov	vn or Locatio	on				1	0d. Inside City Limits
	ith with the Merylan 23a or 28a-f show	cto	Maryland	Frederic	k	Fre	deric	k					1 ☐ Yes 2 ☐ No
	1 5 5 E	Funeral Directo	10e. Street and Num	ber			1	Of. Zip Code			10g. Citizen of	What Cour	ntry?
	238	rai	7420 Down	n Hill Ru	n Road			217			Jnited S	State	S
	er de	nue	11. Marital Stetus		12. Wes Deceder Armed Forces	s?	13. Wes	Decedent of H s, specify Cube	lispanic Orlgin? (S an, Mexican, Puerl	pecify Yas or No- to Rican, etc.)	14. Red Ble	ca - Americ	
20	re si	by F	1 Naver Marria 3 Widowed 4		1 Yes 2 If Yes, Give	∍№ :: 1943–46	10	Yes 21XNo	Specify:		Specif	y: Wh	ite
21215-0020	72 hours effer death with the Meryland natural', or items 23a or 28a-4 show likel Exeminer must be notified at	Pd L		15. Decadent's Ed				's Usuel Occup	etion		16b. Kind of B	uelnoce/In	duetry
215	in 72	Completed	(Specif	fy only highest grad	de com <i>pletad)</i>		(Give kind	of work done	durina most of wo	rking	TOD. KING OF B	U0111055/1110	Justry
21,	Jiene plene r the	Eo	Elementery/Secon	dery (0-12)	Coilaga (1-4o	,	ainte	nance E	ngineer		R. F.	K1in	e
	othe othe	BeC	17. Fether's Neme (F	First, Middle, Last)						ma (First, Middla,			
/al	Ventz rked rked	ToE	Roger	C. Snoot	S				Fan	nie G. I	earl		
Maryland	s ma	•	19e. Informent's Ner	me/Ralationship (7	ype, Print)	198	19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip C						Coda)
	alth n 27		Margaret	L. Snoot	s, wife	7	420 D	own Hil	1 Run Ro	ad Fred	lerick,	MD	21702
ore	of H of H if iten		20e. Method of Dispo	osition Cremetion 3 🔲	Removal from Stat	20b. Pleca o cemete	of Disposition bry, cremeto	n (Nama of ary or other plac	ce)	Dete	20c. Location	- City or To	own, Stete
Ë	men men ury			5 ☐ Other (Specify			aven 1	Mem Gar	dens 2	/8/96	Frederi	ick, 1	Maryland
Baltimore,	permit. Peges 1 and 2 should be filed within 72 hours efter dea Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items any Injury or other traumetic event, the Medical Exercity on once.		21. Signeture of Fun	erei Sarvice Licens	100		22. Na	ima and Addra	ss of FecilitySta	uffer Fu	neral H	Homes	, P.A.
_	70 % e o		Xan	11/2	Alu	rucio	1691	O	t T) -	1	1 2 . 1	Mary:	land 21702
			23a Parti Entar the shock, or heert	e disease, or comp feilure. List only o	lications that caus ne cause on each	ed the seath. Do	not enter the	a moda of dyln	g, such es cardia	or raspiratory ar	rast,		Approximate intervel Between
	Physician / /Medical				/	0						i	Onsat and Death
1	Examiner		Immediete Ceusa (F disease or condition resulting in deeth)	inei	ny	pe-c	-n/c	2 441	9			1	2 days
	V	er			,	Due to (or as a	consequent	ce of):					
	uted d ansit	Examiner	0		b. /1 C	560	07	C.C	17	-14	12	<u> </u>	6 20
ó	icate be executed physicien and s the buriel-transit		Sequentielly list cond if any, leeding to immo cause. Enter Underly Causa (Disease or In	mediate ving		Dua to (or es a	consaquano	ce or):					
68760,	ysicie	edical	thet initieted events		c	Dua to (or es a	consequenc	ca of):					
		_	resulting in deeth) Le	381		•						i	
Box	death certifice e ettending ph d for use as t	Physician/M			d								
0	0 0 %	/sic	Pert II. Other signific	ant conditions co	ntributing to deeth	but not resulting i	n the underf	tying cause giv	en In Pert I.	23b. Dld 1	obacco use co	ntribute to	the cause of death?
σ.	thet the de ed by the detached		15	CUD.	5/	ر مر	1	300		t 🗆 '	Yes 2 No	3 Prot	bably 4 Unknown
ds,	8 58	d by								04-144		Q45 144	and automorphisms
Record	v requir been si should	Completed									en eutopsy med?	ava	ere eutopsy findings allabla prior to mpletion of causa
Rec	has ye 2	ďω										of o	death?
	ician: The k certificete ha rector, page									101	as 2 No	1[	]Yas 2□No
Vital	Physician: this certific ral director,	o Be	25. Was case referre examiner?		Hospitel:			Oth	Or.	eth (Check only o			
of		-	1 Yes 2 N	10	28a. Dete of In	tlent 2 ER/O	utpetient 3 Time of	D DOA	4 Li Nuising F	lome 5 Resid			y)
Division	Attending For death.	tion	1 Neturel 2 Accident	5 Pending Investigation	(Month, E		Injury	28c. injur Wor M 1	k? Yes 2 □ No		,.,		
VISI	Attend r death ector: by the	fica	3 ☐ Sulcide 4 ☐ Homicide	6 Could not be determined	28e. Plece of I	njury - At home, fe	erm, straat, f	fectory, office		28f. Location (S	Street end Numl	ber or Rure	l Routa Number,
Ö	s afte	Certification:	4   Homicide		building,	etc. (Specify)				City or Tox	m, Stete)		
	To the Hospital or Attendil within 24 hours after death. To the Funeral Director: A completely filled in by the fu		29e. Certifiar 1	ertifying Phy	sicien: To the besis	t of my knowledge	a, daath occ	curred et the tin	ne, data and place	, and due to tha	eusa(s) and ma	annar as st	ated.
	within 24 within 24 To the F	edical	one)	Medical Exami	end menner	steted.	id/or investiç			rred et the time,	dete end place,	end due to	tne ceuse(s)
	O T V T	Σ	29b. Signeture end tit	tle of cartifier	>/	•		29c. Licens	e number		29d. Dete signe	id (Month, I	Dey, Year)
			7	7	~~			111	(624		Feb	5	1996
			30. Neme end eddres		•	daath (Item 23e)	(Type, Print	()					
			31. Dete filed (Month)	Day Year		501 6	- 7	_	56, 1	-red	7-1-6	M	6 2170/
	Sta Registr		The second of th	D 0 7 10	S. S. S.	trar's Signature	Park						
				Dad In	34	The state of the s	- The State of	EL.		·			

DHMH 16 Rev 6/95



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR
1	STATE
	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGICNE

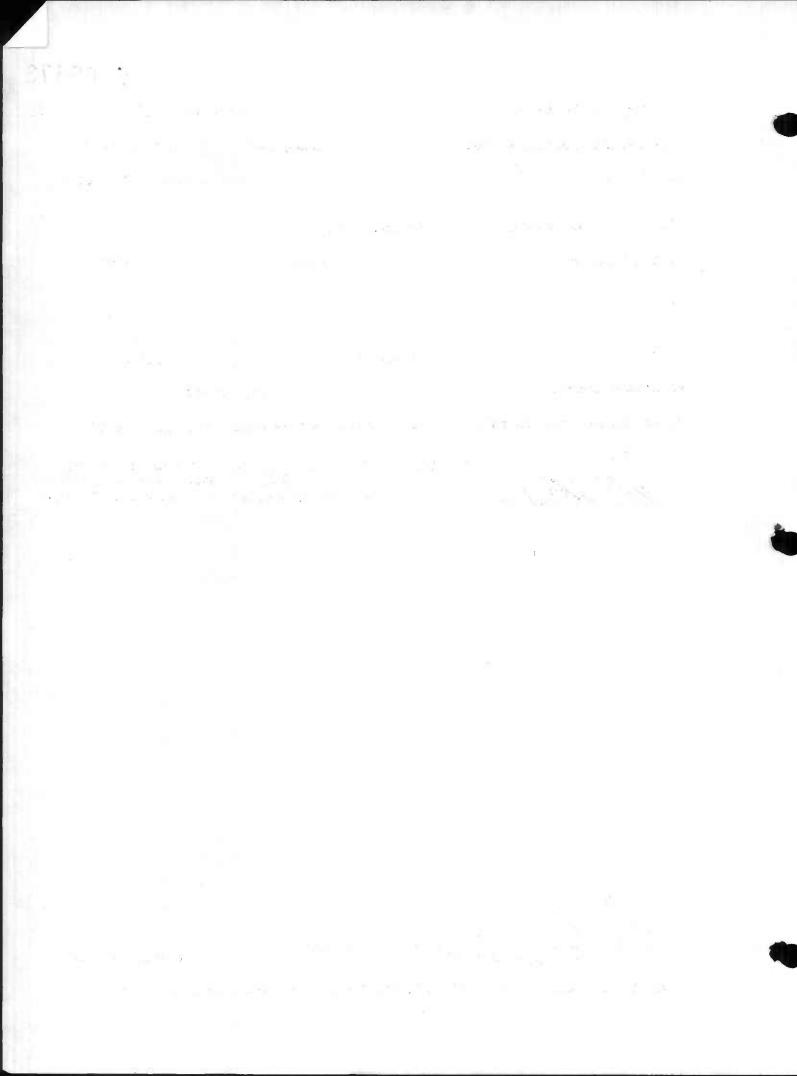
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	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. OECEDENT'S NAME (First, Middle, Lest)  2. DATE OF OEATH  CONTINET.  A COPNICE TO  3. TIME OF DEATH  MONTH DAY YEAR								
	02 10 1776 0130 77								
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  78  78  78  78  78  78  78  78  78  7								
OR	90. FACILITY NAME (If not institution, give attreet end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  ORCHESTER								
EG	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY								
DIRECTOR	MARYLAND TALBOT ST. MICHAELS    Michaels   M								
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  101. ZIP CODE  102. CITIZEN OF WHAT COUNTRY?  21663  USA								
BY FUR	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Merried 3 Widowed 4 X Divorced  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 15. YES 2 NO Specify: Specify:								
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY								
COMPLETED	Elementary/Secondary (6-12) College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)								
BE CON	17. FATHER'S NAME (First, Middle, Last)  SAMUEL A. SPENCE, SR.  18. MOTHER'S NAME (First, Middle, Maiden Surneme)  VIRGINIA GREGORY								
TO B	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  11401 MESA LANE, APT. 322, LITTLE ROCK, AR								
	20e. METHOD DE DISPOSITION 1 Duriel 2AC Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)								
	4 Donation 5 Other (Specify) SALISBURY CREMATORY 2-13 SALISBURY, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY								
	FELLOWS, HELFENBEIN & NEWNAM FUNERAL 200 S. HARRISON ST., EASTON, MD								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate								
	shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)  disease or condition								
	disease or condition resulting in death)  a. Ceretro VAScular Accellent  Due TO (OR AS A CONSEQUENCE OF):  4444.								
Z	Sequentially list conditions, ASCUD 6 mos								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING								
밀	CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):								
E	resulting in deeth) LAST								
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS								
DICAL	De D785510 NO PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE								
ME	1 YES 2 NO								
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
HYS	1   YES 2 54NO								
ВУ Р	1 Natural 5 Pending (Month, Day, Yeer) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO								
ED	3 Suicide 4 Homicide  8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)								
COMPLET	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated.								
	2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) and menner se stated.  29b. SIGNATURE AND ZĪLE-OF CENTIMER								
O BE	My JEEL ON SIGNAL OF SIGNED (Month, Day, Year)								
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Michael Fadden MD 302 Collins AVR Hurlock Md 21643								
	31. DATE FILEO MADILIDO DOS 1807 1996 32. REGISTRAR'S SIGNATURE								

## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Mis	ai yiai iu /		tificate of	Death		glerie Reg. No.	96	055	73		
	<b>O</b> lesse ! = !		1. Decedent's Neme (First, Middle, Las	st)					2. Dete of De		Year	3. Time of D	eath		
	Physici /Medi		Mary Isabel	le Simpso	n				Month	rv 12 1	Yeer QQ6	6:05	AM		
	Examir		4e. Fecility Neme (If not institution, give	e street end number)				4b. City, Town, or		-		0.05	TALL		
	Examin		Anne Arundel Med	ical Cente	7			Annapol:	i e	Anne Arundel					
1	Funeral		5. Social Security Number 6. S		e (In yrs. lest	birthday)	If Under 1 Year	If Under 24 Hrs	8. Dete of Bir			oce (Stete or F	Foreian		
L	Director		213-10-2622 Usuei Residence of Decedent	□м 2[Д F	85	Yrs.	Months Days	Hours Min.	May 22			yland_			
	dand w		10e. Stete 10b. County		10c. City, To	own or Loca	ation				10	d. Inside City	Limits		
	Men.	ō	MD Anne A	J - 7		0						1 ☐ Yes 2	No		
	128s	Director	MD Anne A  10e. Street end Number	runder		Sevei	rna Park	-		10g. Citizen of V	Whet Countr	ν?			
	3a o	0	212 MoVoor Dood							United	State				
	me 2	Jera	212 McKeon Road  11. Maritel Stetus	12. Wes Decedent B	Ever in U,S.	13. W	es Decedent of I	21146 Hispenic Orlgin? (S sen, Mexican, Puer							
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Menyland of Health and Mental Hygiene. Item 27 is marked other than "natural", or Items 23s or 28s-f show other treumatic event, the Medical Exaction must be notified at	by Funeral	1 ☐ Never Merried 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Detes:	No		Yes, specify Cub ☐ Yes 2		to Rican, etc.)		<i>/</i> :				
0-9		Completed	15. Decedent's Ed	lucation	10	6a. Decede	nt's Usuel Occu	petion	4.1.	16b. Kind of Bi					
21	hin 7	ple	(Specify only highest gra Elementery/Secondery (0-12)	College (1-4or 5	+)	life. Do	ing of work done O NOT use retire	during most of wo	rking						
	d will	20	12			Secr	retary			Col1	ege				
pu	a de la la la la la la la la la la la la la	Be (	17. Fether's Neme (First, Middle, Last)					18. Mother's Nar	me (First, Middle,	Specify: White  16b. Kind of Business/Industry  College fiddle, Meiden Surneme)  Orney Number, City or Town, State, Zip Code) Park, Maryland 21146  20c. Location - City or Town, State Brentwood, Maryland Taylor Funeral Home Inc. St. Annapolis, MD 21401  tory errest, Approximate Interval Batween Onset and Death Onset and Death  Did tobacco use contribute to the cause of death?  1 Yes 2KW 3 Probably 4 Unknown  Wes en eutopsy performed?  24b. Were autopsy findings available prior to completion of cause of death?					
Maryland	d 2 should be filed within th end Mental Hygiene. 7 is marked other than "treumatic event, the Me.	Tol	William Nickerson	n				Ma	ary Horn	ey					
lar	2 sho		19e. Informent's Neme/Reletionship (7	**		19b. Meiling	Address (Stree	t end Number or Ru	ural Route Numb	er, City or Town,	Stete, Zip (	Code)			
	and salth		Janet Nix De Have	en Farrall		212	McKeon	Road Seve	erna Par	k, Mary	land 2	21146			
Baltimore,			20e. Method of Disposition	Removal from State	20b. Pleca ceme	a of Disposi	ition (Neme of story or other ple		Dete	20c. Location -	City or Tow	m, Stete			
Ē	Pag nent int: H		1 ☐ Burial 2√☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	/)	Ft. I	incol	n Crema	tory 2	/13/06	Brentwo	ood N	farvl on	nd		
alt	permit. Pages 1 and Depertment of Health Important: if Item 27 any injury or other tr once.		4 Donetion 15 Other (Specify)  Ft. Lincoln Crematory 2/13/96 Brentwood, Maryland  1. Signature of Funeral Barvice Censes  22. Name and Address of Facility Ohn M. Taylor Funeral Home Inc.												
0	89 E 8 8		22. Name end Address of Fecility ohn M. Taylor Funeral Home Inc.  147 Duke of Gloucester St. Annapolis, MD 21401												
	-		23a Part 1 Enter the disease, or comp shock, or heert fellure. List only	olicetions thet caused	the death. D	1				_		Approximete			
7	Physician /Medical Examiner														
		ا <u>ه</u>	Control of the second	C(9 -	Due to (or as	a consequ	ente of):								
	pet nsit	딑	Immediate Cause (Finel disease or condition resulting in death)  Due to (or as a consequence of):  CMCN C Music Music Cause (Finel disease)  Due to (or as a consequence of):  CMCN C Music Music Cause (Finel disease)  Due to (or as a consequence of):  I envy, leading to immediate cause (Finel disease)  Due to (or as a consequence of):												
_60	and and el-tra	xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	CAN	Due to (or es	e conseque	ence of):				i				
68760,	ificata be executed g physician and ss the buriel-transit		Cause. Enter Underlying Cause (Diseese or injury that initiated events	· (AO		F					i				
687	ficate phys the	edical	resulting In death) Lest	0115	Due to (or es	e conseque	ence of):				1				
×	attending			d. CHH											
Вох	atter (	clar							1						
o.	y the d	Physician/M	Pert II. Other significant conditions co	ontributing to death bu	it not resulting	g in the und	derlying cause gi	ven in Pert I.							
0	es that the deeth cert igned by the attending be deteched for use		OSTODON	)					10	Yes 2.X.Mo	3 Probe	ibly 4□Un	nknown		
Records,	8 53	d by	V						24a Was	an autoney	24b. Wer	e autopsy find	dinas		
Ö	v require been si should	ete							perio	med?	avei	lable prior to pletion of cau			
36	0 - 0	Completed									of de	eath?			
=	T age								101	Yes 2⊠No	10	Yes 2□ No	0		
of Vital	Physician: The rate certificate rail director, pag	8	25. Wes case referred to medical exeminer?	Hospitel: XX			0.	hor	eth (Check only o						
of	5 w 5	2	1 Yes 2 No 27. Manner of Deeth	1 LTInpatie		Outpetient	3LI DOA		lome 5 ☐ Resid						
	une une	lon	Neturel 5 Pending	26a. Dete of Injur (Month, De)	Year) 28t	b. Time of Injury	28c. Inju Wo		280. Describe	how injury occur	red				
Sign	the the	cat	2 Accident investigation 3 Suicide 6 Could not be			4		]Yes 2□No	OPA Lanation (	Chan at a sad bloom b	and an Owner!	Cauta Nove h			
Division	i or Attend efter deeth Director: / d in by the f	Certification:	4 ☐ Homicide determined	28e. Place of Inju building, etc		, tam, stree	et, factory, offica		City or Tol	Street end Numb vn, Stete)	er or Hurar	Houte Numbe	ir,		
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edical C	29a. Certifying Phy (Check only one) Certifying Phy 2 Medical Exam	yalcian: To the best of the basis of end menner sta	examinetion	dge, deeth o end/or Inve	occurred et the ti estigetion, in my	ime, date end plece opinion, death occu	e, and due to the arred et the time,	ceuse(s) end me dete end plece,	enner es ste end due to t	ted. he cause(s)			
	within 2 To the comple	Me.	290. Signature and title of certifier		,		29c. Licen	se number		29d. Dete signe	d (Month, D	ey, Year)			
-	- > - 0		<b>)</b>	2	W.	1	D00	3194							
			30. Name and address of person who o	e eu	Total City	a) /T C				Februa	ry 12	, 1996			
								A =	1	_, L	1/0-				
	Sta	te	Jack R. Lichtens 31. Dete filed (Month, Dey, Year)	32_Registre	r's Signeture	v1d8Te	ey Avent	ie Annapo	Ils, Mar	ry Land 2	1401				
	Sta Registr	-	FEB 1 4 190	C CN A	5	0 4 4									

DHMH 16 Rsv 6/95



### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO								
	1. DECEDENT'S NAME (First, Middle, Last)	mup	DIN		2. DATE OF DEATH MONTH D	1 40	3. TIME OF DEATH						
	THOMAS  4. SOCIAL SECURITY NUMBER	TUR 5. SEX 6. AGE (In			February		996 12:30P™						
	214-32-0024	1 <b>X</b> M 2 🗆 F	65 YRS. MON	10. Santa San		30	BIRTHPLACE (State or Foreign Country)						
TOR	90. FACILITY NAME (If not institution, give street and isbury Nursi) MESIDENCE OF DECEDENT			city, town on Location of D	EATH	Wicc	OMICO						
DIRECTOR	10a. STATE 10b. COUNTY	MERSET	HOE. BITY, TO	ncess Anne	7		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	31326 West F	Pastoffice	RD	10f. ZIP CODE 2185	3	10g. CITIZEN OF WHAT COUNTRY?							
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puarto Rican, atc.)								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)  College (1-4 or 5 +)  College (1-4 or 5 +)  College (1-4 or 5 +)												
OMP	10 9h  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surname)												
BE C	John Cropper Beatrice T. West												
TO	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Pural Poute Number, City or Town, State, Zip Code)  30331 Deal Tolland RD. Princess Ange, MD. 21853												
	20s. METHOD OF DISPOSITION 1 PBurlet 2 Cremation 3 Ramov 4 Donation 8 Other (Specify)		LACEAND DATE OF DI Lace AND DATE OF DE CONTROL OF DE CONTROL OF DE CONTROL OF DE CONTROL OF DE CONTROL OF DE CONTROL OF DE CONTROL OF DE CONTROL OF DE CONTROL OF DE CONTROL OF DE CONTROL OF DE CONTROL OF DE CONTROL OF DE	plece)	2-15-96 V	V CS V	or Town, State						
	21. SIGNATURE OF TUNERAL SERVICE LICE	ISEE CALL OF	_>	20120 110	Ward tu								
	23. PART I. Enter the disease or co			enter the mode of dying, au									
	ahock, or heart feilure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Color Condition (Final disease)												
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
NO	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CAT	cause, Enter UNDERLYING	,											
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST												
	PART II. Other algnificant conditions	contributing to death bu	t not resulting in ti	ne underlying ceuse given in	n Part I. 24a. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS						
MEDICAL					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
MEC							1 - YES 2 NO						
N.	DID TOBACCO USE CONTRI		DEATH YES		IN 🗆								
SiC/		HOSPITAL:	0	гная:	257.00								
PHYSICIAN:	27. MANNER OF DEATH  1 4 Natural 5 Pending	1 Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW	INJURY OCCUR	ED						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY - building, atc. (Specif	At home, term, stree		28t. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,						
LET	29a. CERTIFIER	AN: To the best of my knowle	dge, death occurred a	t the time, data and place, and do	ue to the cause(a) and mi	nner as stated.							
COMPLETED	one) 2 MEDICAL EXAMINER			n my opinion, death occured at th			suse(s) and manner sa stated.						
TO BE	296. SIGNATURE AND TITLE O CERTIFIED  296. LICENSE NUMBER  297. DATE SIGNED (Month, Day, Year)  296. 196												
	30. NAME AND ADDRESS OF PERSON WHO WILLIAM ROL	INS M.D	). 1104	Healthway	DK SA	11:st	yex MP.						
	FEB 1 2 1996 Julia	32. REGISTRAB'S SIGNA	TURE										

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

SM SEN-13-51 EV E PROSE SENSE

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Manifest

Jaka Lington Lington Company of Lington

Sent and while surfy my and three 18353 Committee or enter-

CIV Properties Western survey of the Committee

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

					State	or Mary	iand / Dep Ce	ertificat			ina Me		giene Reg. No.	0.5	00000	
			1. Decedent's Neme	e (First, Middle,						2. Dete of Dec	eth	90	3. Time of Death	-		
	Physici /Medi		Williemen	a Thoma	ıs						1	Month Februar	Dey	1996	5:30 a.m.	
	Examir		4a. Fecility Name (II			ım <i>bər)</i>				4b. City, Tow	vn, or Loc	ation of Death		ounty of Deeth		
			Suburban	Hospita	1					Bethes	da		Mon	7		
	Funeral		5. Social Security N		6. Sex 1 ☐ M 2 🗓 F		yrs. last birthde	/) If Under Months	1 Yaer Deys		Min	8. Dete of Birt (Month, Da)	v. Year)	9. Birth	pleca (Stata or Foreign ntry)	
	Director		264-11-60 Usuei Residence of		(C) (A) ZEQ (	93	Yrs.				N	March 9	, 190	2 Flor	ida	
	pue p		10a. State	10b. County		100	c. City, Town or I	ocation							10d. Inside City Limits	-
	Meny	ō	Maryland	Montgo	merv	G	ermanto	ωn						793	1 □ Yes 2 No	
	1 the	Director	10e. Street and Nun		J 2 J			10f. Zip	Code				10g. Citize	n of What Cou	ntry?	-
	3a o	0	13 Sky B1	ue Cour	t			208	374					d State		
	deatl	Funeral	11. Meritel Stetus		12. Wes Dec	edent Ever	In U,S. 13	. Wes Deced	lant of I	Hispanic Orig	In? (Spec	olfy Yas or No- lican, atc.)		Rece - Amer	can Indian,	_
20	is 1 and 2 should be filed within 72 hours after death with the Meryland of Health and Mentel Hygiene, them 27 is marked other than "natural", or items 23s or 28s-f show other traumatic avairt, the Medical Examerement be notified at	by Fu	1 ☐ Naver Merrie	_	tt Yes, G	orces? 2 No ive		1 ☐ Yas 2			Puarto H	iican, atc.)		Black, White	lack	
To a standard a Divorced Year or Detes:  15. Decedent's Education (Specify only highest grade completed)  16e. Decedent's Usual Occupetion (Give kind of work done during most of working)  16b. Kind of Business/Indust												_				
21215-0020	nin 72	Completed	(Speci	ify only highest	grade completed)		(Giv	e kind of wor DO NOT us	rk done	during most	of working	9	TOD. King	O. Duaniesavii	idustry	
21	filed within Hygiene. ther than	E O	12	ldary (0-12)	Collage	(1-4or 5+)	NONE	- DIS	ABL	ED			NOT	APPLI	CABLE	
Du	be file d othe avant	Be C	17. Fathar's Name (	First, Middle, L	ast)					18. Mother	'e Nema	(First, Middle,	Maiden Su	meme)		
Maryland	should be filed with nd Mentel Hygiene. marked other that umatic avant, the	UNKNOWN UNKNOWN														-
Mar	2 sho		19a. Informent'e Neme/Ralationship (Type, Print)  19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street and Number or Rural Route Number, City or Town, Street And Number or Rural Route Number, City or Town, Street Number, City or Town, S													
	1 and Health orn 27	7	Joe Lee Thomas  13 Sky Blue Court, Germantown, Maryland  20a. Mathod of Disposition  20b. Plece of Disposition (Nema of cemetery, cremetory or other place)  20c. Location - City of Cemetery, cremetory or other place)													
آور	Peges nent of I int: If ite		1 Bunel 2	Cremetion :	3 Ramovai from	State	cemetery, cr	emetory or o	thar pla	ice)	1	Date				
Baltimore,	it. Perturnant		4 Donetlon		1	G	ate of					/14/96	Silve	r Spri	ng, MD	
Ba	Depa Impo any i	19a. Informent'e Neme/Ralationship (Type, Print)  Joe Lee Thomas  20a. Mathod of Disposition  1														
			23a Part1 Enter th	23a. Parl Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart fellure. List only one cause on each line.											Approximata	
	Physician /Medical Examiner		Immedieta Cause (I	Finel	nly one cause on	De l	Rosne	مخلا	zu	1 6	erle	we	1001,	1	tnterval Between Onset end Deeth	
ш	LAGITITIO	100	resulting in deeth)			Pue	to (or as a cons	equence of):		1				1	16	
	pet l	Examiner		4	b	100	men	3						<u> </u>	10	
,	execu n and sel-tra	Exa	Sequantially list con if any, leading to im cause. Enter Unda Cause (Disease or I	iditions, mediata		Au	to (or as e conse	equanca ot):		Diago	4.4.00	· Das	0	į	16	
68760,	deeth certificate be executed e ettending physician and xd for use es the buriel-transit	edical	and unitiated executs		c	Dua	lo (or as a conse	5000.		orce	CVIV	work	×		14	-
	tifica ng ph es th		resulting In death) L	est			(0. 40 4 00.100	.,,								
Box	seth certif ettending for use e	Physician/M			d									1		_
		sici	Pert II. Other signific	cant condition	s contributing to d	eath but not	resulting in the	undarlying ca	ause gi	ven in Pert i.		23b. <b>Did</b> t	obacco us	e contributa	to the cause of death?	,
P.0	ta p			Scare	o w	cal?	ncelvi	llo	n			10	Yes 2	No 3□ Pro	bably 4 Unknown	a
ds	uires the signed lid be de	d by		1100	. 20 1	Co. 1						24e Was	an autopsy	24b. V	/ere autopsy findings	
Records,	w require	Completed		KEN	can y	pui	ure						rmed?	a	vailable prior to omplation of cause death?	
Re	The lew ate has page 2	omp		Smel	(tage	du	unic à	Instru	ud	me (	me	101	/es 2 0		□ Yas 2□ No	
ta		BeC	25. Was case retern	ed to medical	7	-000	20111			26. Place	of Deeth	(Check only o				_
of Vital	Physician: this certific ral director,	To	examinar?	No	Hospitel:	hpatient	2 ER/Outpation	ent 3 DO	A Ot	hor		a 5 Resid		Other (Spec	fy)	
	ding Pi h. After th funera		27. Menner of Death	5 Pending	28e. Dete (Mon	of Injury th, Dey Yea	28b. Time Injury	ot 2	8c. Inju Wo	ry at rk?	21	8d. Dascribe h	now Injury o	ccurred		
Sio	Attending ir death. sctor: After by the fune	cati	2 ☐ Accident 3 ☐ Sulcide	investige	otion			М		Yes 2□N						
Division	or Attandation after deati	Certification:	4 Homicide	datermin	280. PIOCE	a of Injury - / ing, etc. (Sp	At homa, farm, s pecify)	treet, fectory	, office		28	Bf. Location (5 City or Tox	Street end N vn, Steta)	lumber or Rui	al Route Number,	
	portal filled		29e. Certifier	1 Acartifying	Physician: To the	best of my	knowledge dee	th occurred a	at the ti	me date and	I nlece er	nd due to the	Cauga(e) on	d menner on	stated	-
	To the Hospital or Attanding Ph within 24 hours after death.  To the Funeral Director: After the completely filled in by the funeral	edicai	(Check only one)	2 Medical E	<b>xaminer</b> : On the b	asis of exan	ninetion end/or i	nvestigetion,	In my	opinion, deeth	occurred	d at the time,	deta and pl	aca, and dua	to the causa(s)	
	To th within To th comp	Me	29b. Signature and I	itle of certifier	4 Horno	avo V	w	29c	. Licen	se number			29d. Dete s	igned (Month	Dey, Year)	
	_		Muer	reliel	- Com	Alus.	Suem	. 0	30	1/12		F	ZB/	109/	1996	
	2		30. Neme end eddre	ss of person w	no complated cau			, Print)	10.	10	1,01	INBAN	HR	P-	411)	_
			04 8-4-41-1-21	VIL	enona	16 -	SAXO	V14 /	nri	1/5	4154	COMP	110>	/	ve.),	
	Sta Registr		31. Dete filed (Monti	FFR 1	32. F	Registrer's S		1.11								

DHMH 16 Rev 6/95

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ITEMS: 26,27,29a, PER DR. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene FILM G-732 2/28/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** 1996 BERNICE L. THOMPSON JAN 6:40 P.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Stella Maris Hospice Timonium Baltimore If Under 1 Year 8. Dete of Birth (Month, Day, Year March 2, 1 If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Deys Hours 1□M 2XF Months 89 Yrs. **Director** 215-68-3022 1906 Maryland Usuel Rasidence of Daceden 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 28a-f show notified at MD Baltimore 1 ☐ Yes 2X No Timonium Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? TR 23a Or 3 21204 Dulaney Valley Rd. U.S.A. death Funeral permit. Pages 1 and 2 should be filed within 72 hours effer dea. Dependent of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traum. Itama 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus item 27 is marked other than "natural", or itam other traumatic event, the Mexical Examiner 1 ☐ Yes 2 XNo If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 X No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Unknown Laborer 17. Fethar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Jarrett E. Thompson Savenia Kemp 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Numbar or Rurel Routa Number, City or Town, State, Zip Code) Wayne Roberts 10607 Virginia Ave., Cockeysville, MD 21030 20b, Plece of Disposition (Name of Mt. Carmel United Methodist Cemetery, Jan. 31, 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremetion 3 ☐ Ramovel from State 4 Donetion 5 Other (Seech) Parkton, MD 1996 21. Signature of Pu neral Savice Lich 22. Name end Address of Fecility J. J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 17349 pease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, that cause on each line. Approximate nterval Ben Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medicai METASTATIC CANCER UNKNOWN SOURCE Examiner Due to (or es e consequence of): Examiner ADVANCED DEMENTIA physician and the burial-transit Sequentielly list conditions, if eny, leeding to immediata cause. Enter Underlying Ceuse (Diseese or injury Due to (or es e consequence of) Physician/Medicai that initieted events resulting in deeth) Lest Due to (or es e consequence of) 80 ettending - esn jo ed by the deteched Pert II. Other significant conditione contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ (inknown by 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed peed has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certific

thet the death certificate be executed

funerel

To the Hospital or Atte within 24 hours after dei To the Funeral Directo completely filled in by the

Certification:

Medical

Division of Vital Records, P.O. Box 68760

with the Maryland

Be 2

25. Wes case referred to medical examiner? Hospitel: 1 Yes 2 No 2 ER/Outpatient 1 compatient

28e. Data of Injury (Month, Dey Yeer) 5 Pending investigation 6 Could not be datarmined

28a. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28b. Time of

Other: Dursing Home 5 Residence 6 Other (Specify) 3□ DOA 28c. Injury at Work? 1 ∏Yes 2 □ No

28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 16 Certifying Physician: To the best of my knowledge, deeth occurred et the time, data and place, and due to the cause(s) and manner as stetad.

(Check only one)

27. Mannar of Deeth

1 XXNaturel

2 Accident

3 Sulcide

29e. Certifian

4 Homicide

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end menner steted. 29c. License number 29d. Date signed (Month, Day, Year)

26. Place of Deeth (Check only one)

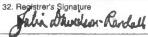
29b. Signature and title of certifier.

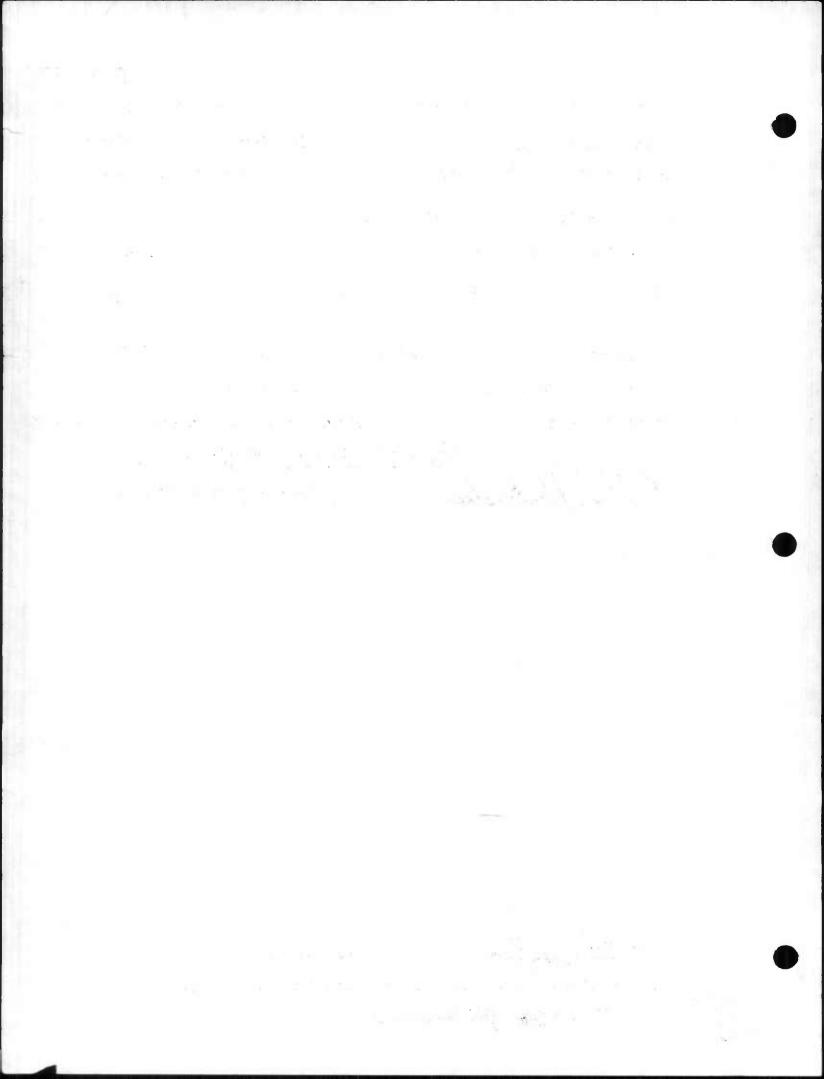
D25686

30. Nema end eddress of person who completed causa of daeth (itam 23e) (Type, Print)

EBRAHIM IPAKCHI, M.D. 7600 OSLER DR. STE 301 TOWSON, MD 21204

State Registrar 31. Dete filed (Month, Dey, Year) FEB 2





ated within 24 hours after death. Page 6 may be retained by the hospined	completely filled in by the funeral director, page 5 should be detached ial, cremation, or removal.	c event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	<b>ERTIFICATE</b>	OF	DEAT	H		REG. NO.

	REGISTRAR		CERT	IFICATE	OF DE	ATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	Thomas	-				2. DATE OF DEATH DATE FEB. 7 1996		ar 1:41 am M			
	4. SOCIAL SECURITY NUMBER 213-14-5262	5. SEX 6. / 1 1 M 2 T F	AGE (In yrs. last birtho	MONTHS	YEAR IF U	IDER 24 HRS. RB MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	BIRTHPLACE (State or Foreign Country)			
	Sa. FACILITY NAME (If not institution, give s	tmet and number		ab CITY	20481 OD 1 O	ATION OF DE	MAY 1 191	9c. COUNTY	RYLAND			
OR	ANNE ARUNDEL MEDI		2		NAPOLI		AIH		E ARUNDEL			
5	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND ANNE	ARUNDEL	10c.	DAVIDS		IF		10d. INSIDE CITY LIMITS?  1 X YES 2 N				
	10e. STREET AND NUMBER	ARONDED		DUATO	101. ZIP C			19g. CITIZEN OF WHAT COU				
FUNERAL	3298 RIVA ROAD				035		US					
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED		AS DECENDER	T OF HISPAN		RIGIN? (Specify Yea or No- 14. RACE - Am				
	1 Never Married 2XXMarried	FORCES? 1	OR DATES				n, Puerto Rican, etc.)		Specify:			
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 1 YES 2 NO Specify: BI											
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	OT use retired.)	ing most or w	Orning	ANNE ADI	INDEL C	COUNTY BOARD			
릴	4th	0	cus	TODIAN			OF EDUCA		CONTT DOARD			
5	17. FATHER'S NAME (First, Middle, Last)				18. R	OTHER'S NA	ME (First, Middle, Malden					
BE	EMANUEL THOMAS  JULIA STEWART  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Bural Boute Number City or Town. State Zio Code)											
2												
	MARTHA E. THOMAS 13298 RIVA ROAD DAVIDSONVILLE, MD. 21035											
	1 M Surial 2 Crametion 2 Parauri from State											
- 1	4 Donation 5 Other (Specify)  LAKEMONT CEMETERY  2/13/96 DAVIDSONVILLE, N  21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
- 1		P.A.										
FEESE & SONS MORTUARY, P.A. 821 WEST STREET ANNAPOLIS, MD. 214												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final											
	disease or condition resulting in death)  a. Cardiopulmonary Arrest  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death)  a. Carato pulmo nary ittress  DUE TO (OR AS A CONSEQUENCE OF):											
N	Sequentially list conditions, S. Fschenic Cardiopyopathy											
CERTIFICATION	If any, leading to immediate	OUE TO (OR	AS A CONSEQUENC	E OF):		-/			S-loyear			
5	cause. Enter UNDERLYING CAUSE (Disease or Injury That Indicated events  DUE TO (OR AS A CONSEDUENCE OF):											
Ë	that initiated events DUE TO (OR AS A CONSEDUENCE OF):											
5月		d										
	PART II. Other significant condition			ing in the und	erlying cau	se given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
EDICAL	Cerebrovasc	ular dire	ease				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	Severe Per			DICOCUE	0		1 TES 2	VONO.	OF DEATH?			
Σ	DID TOBACCO USE CONT			YES X N		NCERTAIL			1 YES 2 HO			
AN	25. WAS CASE REFERRED TO MEDICAL	KIBOTE TO CAUS		DEATH (Check or		INCERTAIL	101					
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER								
IXS	1 YES 2 HD 27. MANNER OF DEATH	1 Inputiant ER					6 Other (Specify)		-			
	1 Natural 5 Pending	(Month, Day, Y		TIME OF INJURY	NORK?		28d. DESCRIBE HOW I	NJURY OCCUR	ED			
В	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN	JURY — At home, te	rm, atreet, tecto			26t. LOCATION (Street )	and Number or F	Rural Poute Number			
COMPLETED	4 Homicide 6 Could not be detarmined	building, atc.	(Specify)				City or Town, State)					
2	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of my	knowledge, death oc	curred at the tin	ne, date and o	lace and due	to the cause(s) and may	oper se stated				
ž	l lest								use(a) and manner as steted.			
	200 SE ATORE AND THEE OF CERTIFIE											
BE	m					LICENSE NUI		-	GNED (Month, Day, Year)			
2	30 NAME AND ADDRESS OF PERSON WH		F DEATH (ITEM 27)	Tune Prints		03765	4	- 1001	uary 7, 1996			
	111			. 1	guy	Are	hold, r	np a	1012			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	100000000000000000000000000000000000000	Te l			1					
	FFB 1 2 1996	681.64	markada	11.								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M	MARYLAND / I		TMENT ICATE				MENTAL	REG. NO.		90	00	310
- )	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF D	EATH
		Julia	A. Uri	Lck					Febi	cuary .	[1, ]	L996	9:45	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		B. BIRTHE Country	LACE (Store	or Foreign
	260-26-0514	1 🗆 M 2 💢 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept	. 6, 1	1921 Georgia			
	9e. FACILITY NAME (If not institution, give s	treet and number)									9c. COU	UNTY OF DEATH		
OR	Potomac Valley N	lursina H	ome	Rockville							Mon:	tgome	erv	
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY													
DIRECTOR				10c. CITY, TOWN OR LOCATION Silver Spring							10d. INSIDE CI LIMITS?			
	Maryland Mont 100. STREET AND NUMBER	gomery		31	TAGI		ZIP CODE				1 ☐ YES 2 X			
FUNERAL	11701 Berwick Roa	ıd				101								
N	11. MARITAL STATUS	IT EVER IN U.S. ARM	IED.	1 42 1		2090			0.000 - 10.00			State		
	1 Never Married 2 X Merried	FORCES? 1	YES 2 NO	)	1	f yes, spe	city Cube	n, Mexicar	n, Puerto f	? (Specify Yes lican, atc.)	or No-		- American White, etc.	Indian,
ΒX	3 Widowed 4 Divorced	o 10/1/5		'	I [] YES	2 NO	Specify	r:			Specify	nite		
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, DEC	EDENT'S	USUAL O	CCUPATIO	N		16b.	KIND OF BUS	INESS/INC	USTRY		
<u> </u>	Elementery/Secondery (0-12)	College (1-4 or 5	life i	Do NOT u	work done ( se retired.)	auring mo	st or workin	g						200
AP.	12	4	H	omen	aker					Own H	ome			100
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NAI	ME (First, I	Aiddle, Maiden	Surneme)			
BE	Marshall Loret	z Allis	on				Ма	rion	Wi	lbanks				
2	19e. INFORMANT'S NAME (Type/Print)									er, City or Town				
-	Marianna J. Ble	edsoe						ve,	-	er Spr				
	20e. METHOD OF DISPOSITION t   Burlet 2 X Cremetion 3   Rem	oval from State	206. PLACE AI cemetery, crem Chesa	ND DATE	OF DISPOS	ITION /Na	me of		DAT					,
	4 Donation 5 Other (Specify)	CENCEE .	_   Unesa	реак				00.05.51		3 Belt	SVIL	le, r	daryla	nd
	Do C	22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910												
1	illen i	a. 14	THE									ng, I	4D 209	10
	23. PART i. Enter the diseasea, or ehock, or heart feliure.			th. Do	not enter	the mo	de of dyl	ng, auch	h aa cerd	liec or reapi	ratory an	reat,	Appro	ximata ni Between
	IMMEDIATE CAUSE (Finel													and Death
	disease or condition Urosepsis  a. Urosepsis													
	DUE TO (OR AS A CONSEQUENCE OF):													
ON	Sequentially list conditions,  Due to (or as a consequence of):													
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING			0.000	. ,.								į	
Ĕ	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):													
F	reaulting in death) LAST	d												
	PART ii Other significant condition	a contribution to	don't but not re	- cultina	Im the re	ada ala da		-luca ta	Don't I	24s. WAS AN		1	WERE AUTOP:	
CAL	Hypertension, Co			t reculting in the underlying ceuse given in Part				Pairt I.	PERFOR		240.	AVAILABLE PE	OT ROLL	
	Hyper cellaton, Co	or oligity 1	arcery DI	seas	se_				- 1	1 TYES 2	X NO		OF DEATH?	OF CAUSE
X	DID TOPACCO LICE CONT	DIDLITE TO CA	LICE OF DEAT	PLI V	ec EV	NO E	1 11110	COTAIN					1 TYES 2	Х ио
AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CA			TH (Check		UNC	ERTAIN	иП					
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL:			QTHE	R:			7 - 53					
448	27. MANNER OF DEATH	26e. DATE OF	ER/Outpatient 3	28b. TIA	_	28c. INJ		sidence	8 Othe	r (Specify) CRIBE HOW II	LIURY OC	CURED		
	tX Netural 5 Pending	(Month, L	Day, Year)		JURY M	WC	RK?	¬ NO □				001120		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE (	OF INJURY — Al hon	ne, ferm,	stree1, fect			,	28f. LOC	ATION (Street a	ind Number	r or Rural R	oute Number,	
	4 Homicide determined	building	atc. (Specify)						City	or Town, State)				
Ë	290. CERTIFIER 1V CERTIFYING PHYS	ICIAN: To the best o	f my knowledge, dea	th occur	red at the t	lime date	and place	and due	to the car	(se/s) and man	nor on etm	ted.		
COMPLETED	(Check only one) 2 MEDICAL EXAMIN												end manner	es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE			-		_		ENSE NUN					(Month, Day, 1	
BE	Sil-	The	amorn	The	17	4).		3813						1996
임	30. NAME AND ADDRESS OF PERSON WE	10 COMPLETED CAL	ISE OF DEATH (ITEM	27) (70%	Print)	•	U	2012	,,,		. LG	nT.ng.	L y 12,	1330
	Sita Krishnamoort					ım Ar	char	d Dr	rive	Silv	er S	brin	a. MD	20004
	31. DATE FILED (Month, Day, Year)	32. DEGISTR	AR'S SIGNATURE		, 10	01							, ,,,,,	20004
	FEB 13 199		Hurden Ron	dall										
	,	0				-							OHI	AH-16 Ray 1/89

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sion, Coronary Artery Disease

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		REGISTRAR	MARYLAND / DEPA CERTIF	RTMENT OF H		ENTAL HYGIENE REG. NO.	95	05579	
		1. DECEDENT'S NAME (First, Middle, Last)			1	DATE OF DEATH	YEAR	. TIME OF DEATH	
		RICHARD GEORGE  4. SOCIAL SECURITY NUMBER 5. SEX	Van BUSKII			EB. 13		8:55 PM w	
should		322-16-0341 1 XM 2 F	74 YRS.	MONTHS DAYS	HOURS MIN.	DATE OF BIRTN (Month, Day, Year) UNE 21,1	921 IL	ACE (State or Foreign	
1, 2, 3 sh	стов	7048 MAPLE COURT		EAS!			TALBOT	гн	
Society	뿐	10a. STATE 10b. COUNTY	10c. CI	TY, TOWN OR LOCAT	TION		16	Dd. INSIDE CITY	
permit. P	LDI	MARYLAND TALBOT  100. STREET AND NUMBER		EASTO				XXXES 2 NO	
Isit	ERAL	7048 MAPLE COURT		101	21601	,	OG. CITIZEN OF WHA	IT COUNTRY?	
020 physician. burlal-transit	FUN	11. MARITAL STATUS 12. WAS DECEDE	NT EVER IN U.S. ARMED	13. WAS DEC	No- 14. RACE -	14. RACE — American Indian,			
inding as the	B	ARMY-	YES 2 NO WAR OR DATES KOREA		ecify Cuban, Maxican, I 2X NO Specify:	Puerto Rican, etc.)		WHITE	
5 2	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	S USUAL OCCUPATION  work done during mo	ON ast of working	16b. KIND OF BUSIN	OF BUSINESS/INDUSTRY		
S Spital of S		Elementary/Secondary (0-12) College (1-4 or 5	+)	FORNEY		CTVI	L LAW		
S de la	COMP	17. FATHER'S NAME (First, Middle, Lest)		- OIGILIA	18. MOTHER'S NAME	(First, Middle, Malden Sur			
क विव	BE	CARLOS PUTNAM VanBUS				I. BIRD			
MA retain 5 sho	TO	19a. INFORMANT'S NAME (Type/Print) RICHARD G. VanBUSKIRK				te Number, City or Town, S			
T A B B		20a. METHOD OF DISPOSITION	20b. PLACE AND DATE			EASTON, I	MD 2160: 10N — City or Town		
E de 6		1 Gurial 2 X Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	SALISBUE	other place) RY CREMA	ATORY 2		ISBURY,	MD	
ALIIN death. Pag tuneral di i.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1		OWS HET.E				
<b>7</b> ~ Z @		D. Deit / hy	spm, CF3	200 9	S. HARRI	SON ST.	EASTON	MD 2160	
filled in 1 ion, or re		PART i. Enter the disease, or complications the abock, or heart failure. List only one call iMMEDIATE CAUSE (Fine) disease or condition.	at ceused tha deeth. Do use on each line.	not enter the mo-	de of dying, auch a	a cardiac or reapirat	ory arrest,	Approximate interval Between Onset and Death	
completely file rial, cremation,		resulting in death)	CO 125 A CAT	dy ac	not			Omin	
9 6 8	z	Ch Sina	ال د ال	ng cenc	4			6 and Ko	
te be execut ysician and o prior to buring traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	O (OR AS A CONSEQUENCE C						
fication physical phy	FIC	CAUSE (Disease or injury	O (OR AS A CONSEQUENCE O	OF):				-	
L & & _ 0	ш	resulting in death) LAST							
E Me d	AL C	PART II. Other significent conditions contributing to	death but not resulting	in the underlying	cause given in Pa	rt i. 24a. WAS AN AU	TOPSY 24b. WI	ERE AUTOPSY FINDINGS	
quires that the signed by the Health and ows any in	DIC					PERFORME		PARLABLE PRIOR TO COMPLETION OF CAUSE F DEATH?	
# # 0 0 E	MEDIC					_		TES 2 NO	
1 0 5 -	AN:	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL		ES NO NO NTN (Check only one)	UNCERTAIN				
E 88 E	SICI	EXAMINER? HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	• 5 Realdence 6	Other (Parelly)			
PHYSICIAL this certification with the riced, or	РНҮ	27. MANNER OF DEATH 26a. DATE OF	F INJURY 28b. TIN	ME OF 28c. INJ		d. DESCRIBE HOW INJU	RY OCCURED		
DING PHYS After this of death with	ВУ	1 Natural 5 Pending (Month, i	(F)	M 1 7	rES 2 NO				
Safer S	ETED	3 Suicide 6 Could not be detarmined 28a. PLACE building	OF INJURY — At home, farm, , etc. (Specify)	street, factory, office	21	St. LOCATION (Street and City or Town, State)	Number or Rural Rout	e Number,	
로 로 로 드	COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of a MEDICAL EXAMINER: On the best of a						nd manner as stated.	
TO THE HOSPI TO THE FUNER THE WITHIN	BE	29b. SIGNATURE AND TITLE OF CERTIFIER			D366 4		2 -14		
FFA	5	30. NAME AND ADDRESS OF PENNON WHO COMPLETED CAU						16	
j	-			DOEN14)	AND, EA	ston, mi),	51501		
		FEB 1 5 1996 July de	AR'S SIGNATURE						

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				Otato of Inc	aryland		tificate of	Death	Wichtairi	Reg. N	0.5	05580	)	
	Division 1		1. Decedent's Neme (First, Middle, Las	51)					2. Date of D Month		ay Yea	3. Time of Death		
	Physici /Medic		Emily Catherine	Lisk Va	nRipe	r			FEBRU/		24,1996			
)	Examir		4a. Facility Name (If not institution, give	e street and number)				4b. City, Town, or	Location of Dea		c. County of De			
			1201 GOLD MINE RO	DAD				BROOKEVI	LLE		MONTGOM	ERY		
	Funeral		5. Social Sacurity Number 8. S	ex 7. Ag	a (in yrs. las	st birthday)	If Under 1 Yaar	if Undar 24 Hr	8. Data of B			n		
	Director		134-30-5947  Usual Residence of Decedent	□ M 2⊠(F	84	Yrs.	Montha Days	Hours Mir	0CT. 8	, 191	1 NE	irthplace (State or Foralge Country) WYORK	_	
	deeth with the Meryland ms 23a or 28a-f show r must be notified at		10a. Stata 10b. County		10c. City, 1	Town or Loc	ation			10d. Insida City Limits				
	Me.	jo .	NEW YORK Seneca		R	OMULUS	S					1 ☐ Yes 2 ☑ No		
	the not	rec	10e. Street and Number				10f. Zip Code			10a. C	itizen of What (	Country?	_	
	With Miles		6205 POPLAR BEACH	A BUVD			14545			_	TED STA	0.00		
	Jeeth 2	era	11. Marital Status	12. Was Decedent I	Evar in U.S.	13. W		Hispanic Orlgin? (	Specify Yes or N		-	e - American Indian,		
21215-0020	or the	by Funeral Director	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forcas? 1 ☐ Yes 2 ☑ 1 If Yes, Give Year or Dates:		-	Yas, specify Cub  ☐ Yes 2 No	Hispanic Origin? (: ean, Mexican, Pua Specify:	rto Ricen, etc.)		Black, WI			
Ö	2 hou	8	15. Decedent's Ed			16a. Decede	ent's Usual Occu	pation		16b	Kind of Busines			
15	in 72	Completed	(Specify only highest gra	da completed)		(Give k life. D	kind of work done O NOT use retire	during most of wo	orking	1,02	7 131 13 137 13 13 13 13 13 13 13 13 13 13 13 13 13	amouny		
212	filed within Hygiane. ther than "r the Max	E O	Elamentary/Secondary (0-12)	College (1-4or 5	i+)	LIBŘ	•			PII	BLIC SC	HOOI		
	Hyg other	e C	17. Father's Name (First, Middle, Last)  18. Mother's Name (First, Middle, Maldan Surnama)											
an	ld be ental ked o	To Be	JOHN LISK EDITH GOODGE											
Maryland	2 should be fi end Mental H is marked of raumatic ever	۲	19a. Informant's Name/Relationship (7	or Town, State	Zin Code)									
N	end 2 : salth er a 27 is		SALLY E. ELLER	DAUGHTER			-	NE ROAD,				20833		
စ်	s 1 and 2 should be filed within 72 hours of Health and Mental hygiane. Item 27 is marked other than "natural; other traumatic event, the Medical Ease		20a. Method of Disposition		20b. Plac	e of Dispos	ition (Name of		Date	_	Location - City	or Town, State	_	
Baltimore,	Peges nent of h int: if ite ary or or		1 Burial 2 Cremation 3 D				atory or other pla	·						
Ē			4 □ Donation 5 □ Other (Specify  21. Signature of Funeral Service Licen		METRI		TAN CREM	BARBER				, VIRGINIA	_	
Ва	permit. Departr importa any inje		muriel &		ND 20882									
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only	olications that ceused	the death.							Approximate Interval Between		
	Physician											Onset and Death		
-11	/Medical Examiner		Immediate Cause (Final disaasa or condition	Remir	+ thr.	F	-a./40					10 minutes	(	
В	Lxammer		resulting In death)	a. Respir	Due to (o(a	a consequ	uence of):							
	D #	Examiner			gnant		leurel	Effus	ion			13 months		
	ate be executed thysician and the burlations it.	Кагл	Sequentially list conditions,		Due to (or a			Effus t Con					П	
30,	Se ex	<u> </u>	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	Met	asta	Dic.	Bre- s	+ Can	Cen.			lyear		
68760,	physician	edicai	that initiated events resulting in death) Last	0	Dua to (or as		ance of):					1. 3	Π	
	attending pl			d										
Вох	the attendir	Physician/N	_	0,					-					
	by the a	sic	Part II. Other significant conditions co	entributing to death bu	ut not resultin	ng in the un	derlying cause gi	ven in Part I.	23b. Dld	tobacc	o uae contribu	ite to the cause of death?	?	
, P.O	The law requires that the death certificate be execut at a has been signed by the attending physician and page 2 should be detached focuses the buylal iner NER: UR.	by Phy							1	Yes	2□ No 3□	Probably 4 Unknown	'n	
Records,	Tuire Sig	a pe							24a. Wa	s an aut	opsy 24b	. Were autopsy findings		
00	sho	Completed							perf	omed?		evallable prior to completion of cause of death?		
Re	ician: The lay certificata has Poctor page 2	E							4.0		- <del>5</del> 10.			
			25. Was case referred to medical							Yes	2 NO	1 ☐ Yes 2 ☐ No		
of Vital	centi	S Be	examiner?	Hospital:			- Ott	hor	ath (Check only				-	
of	This This	<u>ا</u> ي	27. Manner of Death	1 ☐ Inpatie		VOutpatient  Bb. Time of	JU DON	4 Li Nursing	Home 5 Res			recity)		
on	ding P	i i	1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day	Year)	Injury	28c. Inju Wo M 1	rk? Yes 2 □ No	200. 00001100	11011111	ary coodinou			
S	death death	ca	3 ☐ Suicide 6 ☐ Could not be		inc. At home	o form etro		7103 2 100	28f Location	(Street	and Number or	Rural Route Number,		
Division	spital or Attending I nours efter death. neral Director: After filled in by the June	Certification:	4 ☐ Homicide determined	building, etc	(Specify)	e, raiiii, silei	et, ractory, office		City or To			TOTAL PRODUCT VOITIDEL,		
	oral fillie		29a. Certifier 1X Certifying Phy	valeton. To the best of	f my lan ny lan	alaa alaasa								
	How Fun 24 how	edicai		ysician: To the best of ilner: On the basis of and manner sta	axamination	and/or inve	astigation, in my	ppinion, death occ	e, and due to the urred at the time	, date a	s) and manner nd piace, and d	ue to the ceuse(s)		
	To the Hospital or Attending Physician: within 24 hours aftar death To the Funeral Director: After this certific completely filled in by the Juneral director. RED BY MEDICAL	Me	29b. Signature and title of certifier				29c. Licens	se number	T	29d. D	ate signed (Mo	nth, Day, Year)		
	~ ~		banke of la	ishe .	MO		DC-	1975	9		RUARY 2			
	CLEA	-	30. Name and address of person who co			a) (Trees S			1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	٥						-	THOTON	D 0		_			
	Sta	6	DR. SANDRA GINSBI 31. Date filed (Month, Day, Year)	32. Registra	r's menature	0	WASH	INGIÚN,	D. C. 2	2000	D			
	Registra		FFR 2 8	1996 Mal	dual	PON INSTA	TOTAL .							

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68760,	
BOX	
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RECORDS,	
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DIVISION OF	
2	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, oremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

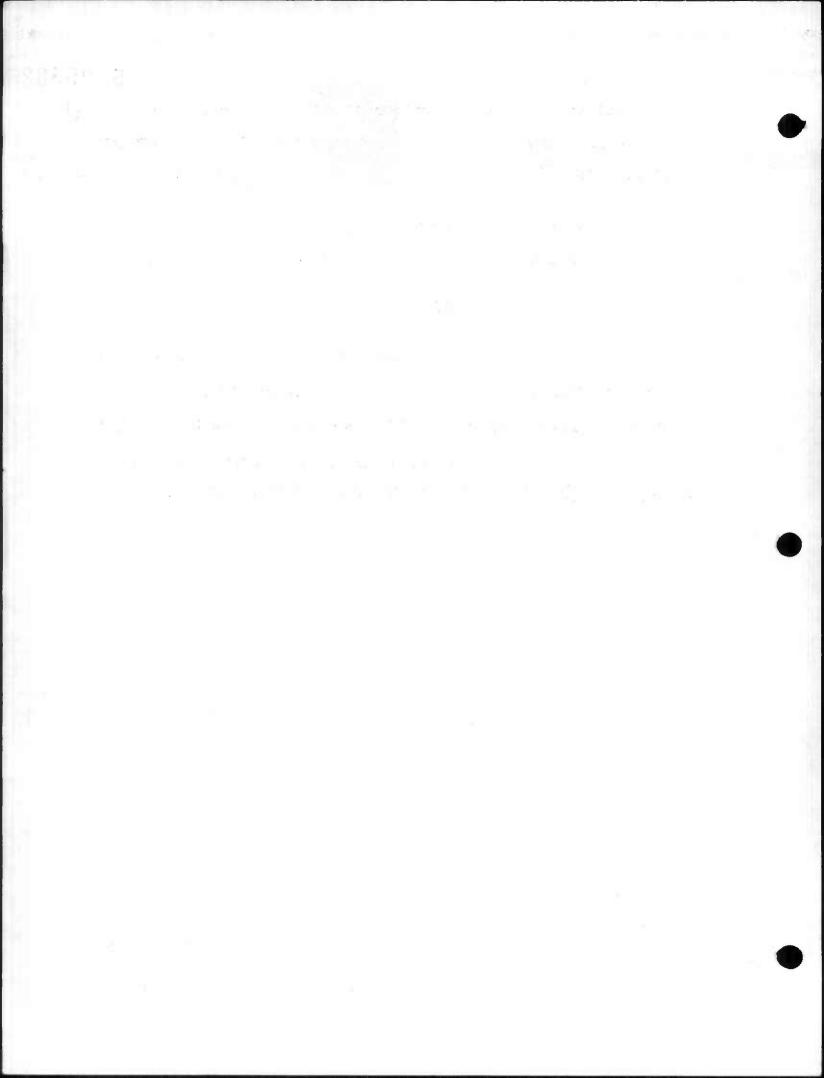
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF H	EALTH AND	MENTAL HYGIS		95	05581
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. Y	IME OF DEATH
	Mildred H.	Wittmer				Februar	V 7 19	9961:	40 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLAC	E (State or Foreign
	214-16-3802	1 D M 2 D F 9	YRS.	NTHS DAYS	HOURS MIN.	March 21	1904	Mary	land
œ	9a. FACILITY NAME (If not institution, give at				R LOCATION OF D			TY OF DEATH	
DIRECTOR	Alice Byrd Taw	<u>es Nursing</u>	Home	Cris	sfield,	MD	Son	merset	
RE	10a. STATE 10b. COUNTY			OWN OR LOCAT				10d.	INSIDE CITY LIMITS?
		Somerset			Station			1	YES 2 NO
FUNERAL	10e. STREET AND NUMBER	Dend		101	ZIP CODE	0		EN OF WHAT	COUNTRY?
JNE	27710 Farm Market	12. WAS DECEDENT EVER IN	II & ADMED	12 WE DEC	2183	NIC ORIGIN? (Specify		J.S.A.	512
F	1 Never Married 2 Married	FORCES? 1 YES	2 100	If yes, sp	cify Cuban, Mexic	an, Puerto Rican, etc.)	Tes or No-	Black, Whi	American Indian, ite, etc.
ВУ	3 XWidowed 4 Divorced	i tes, are tan on ba	123	I U TES	2 NO Speci	ry:		Specify: W	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S USI	done during mo	N st of working	16b. KIND OF	BUSINESS/INDU	ISTRY	
Z.	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use re						
M	Grade 8		Housewif	e		HOME  AME (First, Middle, Mald			
	Jacob Hennlein					rine Fole			100
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS /Street a		Route Number, City or		Corfel	
2	Mildred W. Drew (	Daughter)				Mario			D 21838
	20a. METHOD OF DISPOSITION 1 Durial 2 X Cremation 3 Remo	20b.	PLACE AND DATE OF D	ISPOSITION (Na	me of	DATE 20c.	LOCATION — C	ity or Town, S	liate
	4 Donation 5 Other (Specify)	Sa	lisbury C	remato:	cy - 2/9	/96 S	alisbur	y, MD	245.11
	21. BIGNATURE OF POWERAL SERVICE LIC	000	1		D ADDRESS OF F		1 Homo		
	Robert H. Br	adshaw, Jr.	4			ns Funera t Crisf		/D 21:	817
	23. PART I. Enter the diseases, or c	omplications that caused	the death. Do not	enter the mo	de of dying, aud	ch sa cardiac or re	apiratory arre	at,	Approximate
	immediate cause (Final	List only one ceuse on ee		۶					Interval Between Onset and Death
	disease or condition resulting in death)	Helshu	July 19	De	sauce			j	9/eau
		DUE TO (OR AS A	CONSEQUENCE OF):				<del></del>		2/40
NO	Sequentially list conditions,	)	CONSEQUENCE OF):						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A C	CONSEQUENCE OF):						
臣	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
ᇤ	resulting in death) LAST	ı							
	PART II. Other algnificent condition	contributing to death bu	t not requiting in t	he underlying	Course observer	Bod I or was	AN AUTOPSY	1	E AUTOPSY FINDINGS
CAL		_ control of the country of	t not readiting in t	ne underlying	Codes given in	PERF	ORMED?	AWAJL	LABLE PRIOR TO PLETION OF CAUSE
ED						1 YES	2 NO	OF D	DEATH?
PHYSICIAN: MEDIC								10	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26, PJ	ACE OF DEATH (CI	heck only one)			
Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outper		THER		6 Other (Specify)			
Ě	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c. INJ	JRY AT	26d. DESCRIBE HON	W INJURY OCCU	JRED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, roar)	INSON		RK? ES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specifi	— Al home, farm, stree	t, factory, office		261. LOCATION (Stre- City or Town, Str	et and Number o	r Rural Route I	Number,
ETE									
COMPLETED		CIAN: To the best of my knowle							
Ö	2 MEDICAL EXAMINE	R: On the beels of examination	end/or investigation, is	n my opinion, d	eath occured at the	lime, data and place,	end due lo the	cause(e) end	manner ee stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIER	00.1	2015	8	29t LICENSE NU	MISER / / /	29d. DATE	SIGNED MON	Our Mari
6	your He	Muy	1/100		010	214	10	481	96
71	30. NAME AND ADDRESS OF PERSON WHO					3 100 01	017	/ /	,
1	James A. Sterli 31. DATE FILED (Month, Day, Year)	ng, M.D. /- 32	O W. Main	St	risfiel	a, MD 21	817		
1	FEB1 2 1996 Julia	A SE REGISTRATE STORE							
	1 60 1000 ()	_1							

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				Ce	rtificate of		R	eg. No.	05582
	Discortati		1. Decedent's Neme (First, Middle, Last)				2. Dete of Dee Month		3. Time of Death
	Physici /Medio		Walter Frank	Wils	son		Feb.12	2,1996	6:45 p.
)-	Examir		4a. Fecility Neme (If not institution, give street end number)			4b. City, Town, or Lo	cation of Death	4c. County o	Death
			5509 Cedar Lane			Colum	bia	HOW	IARD
	Funeral		5. Sociel Security Number 6. Sex 7. Age	(In yrs. last birthday,	If Under 1 Year	If Under 24 Hrs.	8. Dete of Birth (Month, Day	Vanis	9. Birthplece (Stete or Foreign Country)
	Director		220-22-2756 1DM 2DF	87 Yrs.	Months Deys	Hours Min.	July18	1908	Maryland
			Usual Residence of Decedent				o uzj z c	7 1 2 0 0	riaryrand
	ylan		10e. Stete 10b. County	10c. City, Town or L	ocation				10d. Inside City Limits
	r 28a-f show	tor	MD Howard	Columb	nia				1 XYes 2 No
	28 th	je.	10e. Street end Number	0020110	10f. Zip Code		1	0g. Citizen of Wi	nat Country?
	th with	O	5509 Cedar Lane			21044		TT C	7)
	me 2	era	11. Maritel Stetus 12, Wes Decedent E	ver in U.S. 13.	Wes Decedent of	Hispenic Orlgin? (Spoen, Mexican, Puerto	ecify Yes or No-	U.S	- American Indien,
	fter dea	by Funeral Director	Armed Forces?  1 Never Married 2 Merried 1 Y Yes 2 Ne	0	If Yes, specify Cub	en, Mexican, Puerto	Rican, etc.)	Bleck	, White, etc.
22	ours aff	by	3 ☐ Widowed 4 ☐ Divorced If Yes, Give Yeer or Detes:		1□Yes 2€ No	Specify:		Specify:	Black
21215-0020	n 72 hours after death with the Maryland "natural", or items 23a or 28a-f show policial Examinet must be notified at	P	15. Decedent's Education	16e. Dece	edent's Usuel Occu	petion		16b. Kind of Bus	iness/Industry
15		Completed	(Specify only highest grade completed)	(Give	e kind of work done DO NOT use retire	petion during most of work ed)	ing		
217	yiene. r than "	Eo	Elamentary/Secondery (0-12) Collega (1-4or 5-		Laborer			Paper	Mill
	of filed within of Hygiene. I other than went, the Me	C	17. Fether's Neme (First, Middle, Last)			18. Mother's Neme	e (First, Middie, i		
Maryland	Mentel Mentel	To Be	Frank T. Wilson			Laura	Henso	n	
2	2 should be and Mente Is marked	-	19a. Informant's Name/Reletionship (Type, Print)	19b. Mail	ling Address (Stree	t and Number or Run			Itate. Zip Code)
Ž	d 2 in a single		Agnes E. Wilson (wife			Lane, (			
อ์	s 1 end 2 should be filed f Health and Mentel Hyg tem 27 is marked other other traumatic event,		20e. Method of Disposition	20b. Plece of Disp	osition (Name of				City or Town, Stete
0	nt of nt of the h		XDBurial 2 ☐ Cremetion 3 ☐ Removel from State		emetory or other ple	,			
Baltimore,	rtant in der		4 Donetion 5 Other (Specify)  21 Separature of Funerel Servica Upenses		s Cemet		2/17	Highla	nd, MD
Ba	parmit. Pages 1 end 2 Department of Health of Important: If Nem 27 Is any injury or other tra		21 Service of Funerel Service Oceanses		2. Neme end Addr SNOWDEN	FUNERAL	HOME	РΔ	
			Sine K. / mm	elu	ROCKVII	LE, MD	20850		
		. 1	23e. Pert1. Enter the disease, or complications that caused shock, or heart failure. List only one cause on each line	he deeth. Do not en e.	nter the mode of dy	ing, such es cardiec	or respiretory err	est,	Approximete tntervel Between
	Physician				0	2			Onset end Deeth
	/Medical Examiner		Immedieta Causa (Final disease or condition resulting in deeth)	Dirabru	1 Joril	ure			months
		-	J <sub>E</sub>	Due to (or es e conse	querice of):				months
	sit ed	line	b. hrr	ig can	cer				years
	icata be executed physician and s the buriel-transit	edical Examiner	Sequentially list conditions,	Due to (or es e conse	equence of):				
60,	be execut ician and buriel-trar	E	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disaasa or Injury thet initiated avants						
68760,	ifficata g physi as the l	dici	thet Initiated avants resulting in deeth) Lest	due to (or es e consec	quence of):				
	\$ 0 d		d						
Вох	death certi	lan	<u> </u>						
	a de the a	SIC	Pert II. Other significant conditions contributing to death but	not resulting in the u	underlying cause gi	iven in Pert t.	23b. Did to	becco use cont	ribute to the ceuee of death?
P.0	v requires that tha death been signed by the atte should be detached for	Completed by Physician/N	Chronic Obstruction	- mely		1 0 -	<b>&gt;</b> ∀Y	es 2 No	3 ☐ Probably 4 ☐ Unknown
Ś	es the	þ	Chronic obstruction	-	NOVI ZON	y ange	se		
Records,	equir sen s sould	ted		,	(	J	24a. Wes a perfor		24b. Were eutopsy findings eveileble prior to
Ö	as be	ple							complation of cause of deeth?
8	The I	Ю					1 🗆 Y	es 2XNo	1□Yes 2MNo
Vital		Be	25. Wes case raferred to medical			26. Placa of Daat	h (Check only or	(0)	
>	Physician: this certific ral director,	To	exeminar? 1 Yes 2 No Hospital: 1 Inpatier	nt 2 ER/Outpetie	ent 3 DOA Ot	her: 4 Nursing Ho	me 5 Reside	anca 6 Other	(Specify)
Jo C	g Phys er this seral di		27. Menger of Daath 28e. Data of Injury (Month, Day		of 28c. Inju	iry at ork?	28d. Dascribe h	ow Injury occurre	d
io	Attanding or death.  • ctor: After by the fune	atio	Neturel 5 Pending (Month, Day	Year) Injury		Yes 2⊟No			_
Division	Atta er de ecto by th	Certification:	3 ☐ Suicide 6 ☐ Could not be datarmined 28e. Pleca of Injurbuliding, etc.	ry - At homa, farm, st	treet, factory, office		28f. Location (S City or Town		r or Rural Route Number,
	al or s after il Dir	Ser	building, etc.	(Specify)			Only or Your	, 0(010)	
	To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After completaly filled in by the funer		29a. Cartifier Certifying Physicten: To the best of	my knowladga, daat	th occurred at the t	ima, data and place,	and dua to tha c	ausa(s) and men	nar as statad.
	the Ho hin 24 the Fu	edicai	(Check only one) 2 Medical Examiner: On the basis of a end menner stet	ed.	ivestigation, in my	opinion, deeth occuri	ed et the time, d	ate end placa, er	id due to the cause(s)
	To the To the Com	Σ	29b. Signature and titla of certifier		29c. Lican	se number			(Month, Day, Year)
			Illox ans		D3	6845		2/13/	96
			30. Nama end addrass of person who completed causa of da	ath (Itam 23e) (Type		100 100			
			11055 LITTLE PATILXE	13- PK	WY # 1	07. (0	LUMB	IA M	021044
	Sta	te	31. Dete filed (Month, Day, Year) 32. Registre	's Signature		1-00		,	
	Registr	ar	FEB 14 1996 MA	Ahand. P	1				

DHMH 16 Rev 6/95



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 nours after death. Page 6 may be retained to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should in		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified :
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IG P	ter th	ath	Пал
Q	E At	r de	.50
ATTE	CLO	afte	28
DR /	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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	1 - STATE REGISTRAR	STATE OF MAR			TMENT OF H			MENTAL HYGIEN REG. NO		95	05583
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH			
	LENNON EARI	$ \omega$	ILLIA	MS				FEBRUARY	14.	1996	3:17 A
		SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign		
	248-26-3277	X M 2 □ F	79	YRS.	MONTHS DAYS	HOURS	MIN.		916		CAROLINA
	9e. FACILITY NAME (If not institution, give street	and number)			9b. CITY, TOWN O	R LOCATIO	ON OF DE	ATH		NTY OF D	
1 8	BROOKE GROVE N	URSING F	HOME		OT.	NEY			Mo	ONTG	OMERY
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	ION					10d. INSIDE CITY LIMITS?
	MD. PRINCE GEORGES COLLEGE PARK										TY YES 2 NO
FUNERAL	10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT									VHAT COUNTRY?	
單	5801 SWARTH	MORE DR.				2	2074	0		U.	S.A.
15	11. MARITAL STATUS 12 1 Never Married 2 Merried	11. MARITAL STATUS 12. WAS DECEDENT EVER IN I				ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	or No-	14. RACI	— American Indian, c, White, etc.
B	3 Widowed 4 Divorced	FORCES? 1 7 Y IF YES, GIVE WAR O WWII	R DATES		1 TES	2X NO	Specify	/:		Speci	Hy:
							1			WHITE	
COMPLETED	15. DECEDENT'S EDUCATION  16e. DECEDENT'S USUAL OCCUPATION  (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working)  16b. KIND OF BUSH							SINESS/INI	DUSTRY		
1 2	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)								1 -		
	4 PERSONNEL SPECIALIST								ED.	GOV	т.
		17. FATHER'S NAME (First, Middle, Last)  16. MOTNER'S NAME (Fi							Sumeme)		
	JOHN P.	WILLIAM						UNKNOW			
TO BI	196. NAFORMANT'S NAME (Type/Print)  ROBERT WILLIAMS  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  20910  1003 NORTH MANSION DR., SILVER SPRING, MD.										
	ROBERT WILLIA						ION				
	1 Buriel 2 Cremetion 3 Removal		cometery cren CHAMI		OF DISPOSITION (Na ther place)				CATION -		
5	4 Donetion 5 Other (Specify)		CHAMI	3ERS			_		IVEF	<b>EDAL</b>	E, MD.
	11.91. Ch	amlen		0009	1 W. W	. CH	AMB	ERS CO.,	RIV	ERD	2073 ALE, MD.
	23. PART I. Enter the diseeses, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arreet, ehock, or heert feiture. Liet only one ceuse on aech line.  iMMEDIATE CAUSE (Finel diseese or condition reaulting in death)  a. ASPIRATION PNEUMONIA							Approximate Interval Between Onset and Deatl			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due TO (OR AS A CONSCIUENCE OF):  ADVANCED SENILE DEMENTIA  UNK,  Due TO (OR AS A CONSEQUENCE OF):									
MEDICAL CER	PART ii. Other significent conditione c	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS  AMILABLE PRIOR TO  COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL	UTE TO CAUSE				UNC	ERTAIN	1 LJ		1	
ū	EXAMINER?	OSPITAL:			N (Check only one)  OTHER:						
₹ S	1 YES 2 NO 1 (	Inpstient 2 ER/C			4 Nursing Nome		sidence	6 Other (Specify)			
ВУ РЬ	1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJUI (Month, Day, Yea	er)		M 1 Y	RK? ES 2	NO	28d. OEŞCRIBE NOW	NJURY OC	CUREO	
ETED	3 Sulcide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJ building, etc. (	URY — At hon Specify)	ne, term, a	ttreet, tectory, affice	,		281. LOCATION (Street City or Town, State)	and Number	or Rural F	loute Number,
E COMPLE	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: 0  29b. SIGNATURE AND TITLE OF CERTIFIER						ed at the	time, date end place, er	d due to ti	ne ceuse(s	) end menner ee stated. (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TED E. HOWE MD 7542 OVER LOOK BR. BOONSBORO, MD 21713

31. DATE FILED (Month, Dey, Year)

32. REGISTRAR'S SIGNATURE

FEB 1 6 1996 July Develop

1 Z = - 1

1 - STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle\_Last)

5. SEX

4. SOCIAL SECURITY NUMBER

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(Month, Day, Year, Dec 23, 1 - M 2 X F 280-22-6549 68 1927 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF OEATH 4285 Bright Bay Way Ellicott City DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Howard Ellicott City permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP COOE 4285 Bright Bay Road 21042 funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-1 Never Merried 2 Married If yes, specify Cuban, Mexicen, Puarto Ricen, etc.) 1 YES 2 NO Specify: BY COMPLETED 18e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Grade 12 owner/operator candy store 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) John Ammon at a Elizabeth Smith BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dr. Sheryl Walker Ellicott City, Md. 4285 Bright Bay Way Раде 6 тау be pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Glenview Cemetery/Feb 6, 1996 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home P.A. - Crey in by the f 313 Talbott Avenue Laurel, Md ours after medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 0 completely filled **IMMEDIATE CAUSE (Final** the disease or condition\_ NMOR OF PANCRKAI ARCINOTO
DUE TO (OR AS A CONSEQUENCE OF): event. reaulting in death) executed with burial, traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate the attending physician cause. Enter UNDERLYING other t CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF) that initiated eventa reaulting in death) LAST 0 Mental inlury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL Health and N METAGRAVE PERFORMED? any 1 TES 2 Shows been t. of 1 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO I UNCERTAIN I PHYSICIAN: Dept. has 28. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL tem r this certificate h with the State I HOSPITAL OTHER: 1 YES 2 4 Nursing Home 5 Hasidence 8 Other (Specify) PHYSICIAN: 1 Inpetient 2 ER/Outpetient 3 DOA 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT-28d. DESCRIBE NOW INJURY OCCURED marked. 1 Natural
2 Accident М 1 YES 2 NO death BY Investigation After ATTENDING 28e. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 99 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED after 28 i DIRECTOR 4 Homfolde hours Item 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end manner as stated. 90 TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HOURS IN THE FUNERAL DE PROPERTANT: If IN (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFI 29c. LICENSE NUMBER BE MC 2 30. NAME AND ADDRESS OF PERSON W COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. 21 Crossroads Drive #415 Jamuel 10 32. REGISTRAR'S SIGNATURE
JULY D'AUVILLEN RONCOLL 31. DATE FILED (Month, Day, Year) FEB 0 1996 6

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

HOURA

8. AGE (In yrs. last birthday)

96 05584

YEAR

9c. COUNTY OF DEATH

Howard

USA

Ohio

10g. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

p

2:00

10d. INSIDE CITY

14, RACE — American Indian, Black, White, atc.

Specify: white

YES 2 NO

8. BIRTHPLACE (State or Foreign

BEG NO

DAY

1,

1996

2. DATE OF OEATH

Feb.

7. DATE OF BIRTN

21042 20c. LOCATION - City or Town, State East Palestine, Ohio 20707 Approximata interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 29d. DATE SIGNEO (Month, Day, Year)

PALIAL RECORDS, P.O. BOX 68/60, BALLIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	2 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, I	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deati	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury,	

	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MENTAL	HYGIEN REG. NO		96	05585
- 0	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C				3. TIME OF DEATH
1	SALLE ARMINA	WOODAI	ξD						MONTH	uary	7 1 (	YEAR	10:28 A m
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	st birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE O		/, 1:		PLACE (State or Foreign
	217-22-6794	1 M 2 TF	68	YRS.	MONTHS	DAYS	HOURS	MIH.	(Month,	Day, Year)	007	Country	1)
	9a. FACILITY NAME (if not institution, give si	41	00		0. 017	-				3, 1			inois
œ								ION OF DE	EATH		9c. COU	NTY OF DE	EATH
ō	Frederick Memoria	al Hospit	al		F:	rede	rick				Fı	reder	ick
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	LION						10d, INSIDE CITY
R	Maryland Fre	ederick											LIMITS?
	10e. STREET AND NUMBER	edelick		l r	rede								1 X YES 2 NO
BY FUNERAL						10	. ZIP COD						HAT COUNTRY?
빌	5593 Teakwood Co						21	703			Unit	ed S	tates
교	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES Z	RMED 'NO	13.	WAS DEC	ENDENT (	OF NISPAN	NIC ORIGIN? In, Puarto Ri	(Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.
≿	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR OATES					Specify		, , , , ,		Specify	y:
	Λ												White
밑	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(0	ECEDENT'S Sive kind of	work done	during mo	ON ast of worki	ng	16b. I	KIND OF BU	SINESS/IND	USTRY	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5	+)	a. Do NOT u	,								
X		2		Home	emake	er				0	wn		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)								ME (First, Mi		Sumame)		
BE	William Clyde Lo	re					J <sub>1</sub>	ulia	Mar	k1ey			
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORES	S (Street a	nd Numbe	r or Rural I	Route Numbe	r, City or Tow	n, State, Zip	Code)	
욘	Jeffrey L. Scarbo	rough, s	son	13704	4 Mai	rian	na D	rive	Roc	kvill	e. MI	20	853
	20s, METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOS	SITION (No	ima of		OATE	_	CATION -		
	1 Donation 8 Other (Specify)	oval from State	cametery, cr. Hage	amatory or o	thar place)	rema	tory		1				, Maryland
	21. SIGNATURE OF FUNERAL SERVICE ATC	ENSEE	nage	1000	22.	NAME A	ND ADDRE	SS OF FA	CILITY -	7p 11	agela	LOWII	, Maryland
	00					_	10 100110		St	auffe	r Fur	ıeral	Homes, P.A
ш	( Nemnel W.	XI	racil						own P				, MD 21702
	23. PART I. Enter the diseases, or c shock, or heart failure.	omplications the	t caused the d	eath. Do	not enter	r the mo	de of dy	ing, auci	h aa cardi	ac or reap	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Final	List only one cat	184 OH BECH III	е.									Onset and Death
		500	DOGA	000	-7-1								
	resulting in death)	DUE TO	(OR AS A CONSE	OUENCE O	E:								
_	_				*	1 1 A A 10							į į
CERTIFICATION	Sequentially list conditions,	OUE TO	QDIAC (OR AS A CONSE	QUENCE O	F):	+00(1	+ 7		-				<u> </u>
A	If any, leading to immediate cause. Enter UNDERLYING							,	1050	1.00	dien-		
윤	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	OUENCE O	FI:	O KL	MATH	7	JA SE	)( V+E	disec	SC.	
E	resulting in death) LAST		2 1 2 2 2 2		,								İ
團		1,											
ابدا	PART II. Other algolificant condition	s contributing to	death but not	reaulting	In the u	nderlyln	g cause	given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2										PERFOR	11		AMILABLE PRIOR TO COMPLETION OF CAUSE
입									_	1 TYES 2	NNO		OF DEATH?
Σ	DID TOPACCO LISE CONTE	NIDUITE TO CA	HCE OF DE	ATLL M		NO F	1 1016		4				1 YES 2 NO
PHYSICIAN: MEDICA	DID TOBACCO USE CONTR	RIBUTE TO CA		_			JUNC	ERTAIN	N 121				
o l	EXAMINER?	HOSPITAL:	28. PLA	CE OF DEA	OTHE								
YS	1 TYES 2 TO NO	1 Inpetient 2			4 🗆 Nur		6 5 R	esidence	8 🗆 Other	(Specify)			
H	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIM	URY	28c. INJ WO	URY AT		28d. OEŞC	RIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				М	1 🔲 '	YES 2	] NO					
	3 Suicide 8 Could not be	28a. PLACE C	F INJURY - At he atc. (Specify)	ome, farm,	street, fac	tory, offic				TON (Street a		or Rural Ro	oute Number,
I	4 Nomicide determined		(-)//					_	Oily Oi	iowii, Siate)			
1 1	29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC	CIAN: To the heat of	my knowledge d	anth occurr	ad at the t	time date	and alone	11.77	to the series		e e e e i i i	120	
COMPLETE	(Check only one) 2 MEDICAL EXAMINE												and manner or stated
္ပ			and/or	veetigetit	, nr my (	oprinon, c				nu pinca, an	u dull to th	a csuse(s)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	. 1	1 0	0				ENSE NUN			29d. DAT	E SIGNED	(Month, Day, Year)
0	Karan Ma	un t	Jund	en	ar	M	U	394	44		> 2	-18/	96
- I	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	SE OF SEATH ST	24 020 (Y	D 1 41								

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Sipo. Print)

31. DATE FILED (Month, Day,

32. REGISTRAR'S SIGNATURE

# Amended Line 31 JLD as Per Health Department

96 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Feb. 2, 1996 Hobart Henry Wolfe 10:45 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
Sept. 18, 1896 5. SEX 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign DAYS Va. 230-20-8681 1 M 2 | F 99 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1800 Marker Rd. Middletown Frederick RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION Frederick Middletown 1 YES 2X NO page 5 should be detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1800 Marker Rd. 21769 U.S.A. e executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In burial, cremation, or removal. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarto Rican, atc.) BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 27 NO 1 Never Married 2 Married 1 YES 2 NO Specify: BY Specify: 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 10e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) equipment operator county government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, notified at John Wolfe Emma Sheetz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert J. Wolfe 1907 Stanley Ave., Rockville, Md. 20851 Pe 20a. METHOD OF DISPOSITION

1 X Burlel 2 Commation 3 Removal from State
4 Donatton, 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE Parklawn Memorial Park Rockville, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769 the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): event, yrs. DIVISION OF VITAL RECORDS, P.O. BOX 68760 traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): by the attending physician and Mental Hygiene prior to if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST 0 PART II. Other significent conditione contributing to deeth but not recuiting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE signed to Health ar shows any 1 TYES 2M NO OF DEATH? 1 - YES 2 X NO t. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ PHYSICIAN: has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate by the State HOSPITAL OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nuraing Home 5 ☐ Realdence 8 ☐ Other (Specify) 6 27. MANNER OF OEATH 26s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. OEŞCRIBE HOW INJURY OCCURED with with 13 Natural 5 Pending Investiga 1 YES 2 NO After death 2 Accident DIRECTOR: Aft hours after deal tem 28 is n 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED e Could not be 4 Homictde TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTL be filed within 72 hours at IMPORTANT: If Item 21 29a. CERTIFIER (Check only one)

1 
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Michael S. Rudman, MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2/2/96 D 17106 Rudman, Michael 5. M.D. Middletown, MD 21769 31. DATE FILED (Month, Dey, Year) 32 REGISTRAR'S SIGNATURE

32 MEGISTRAR'S SIGNATURE

JAPES T

burial-transit permit. Pages 1, 2, 3 should

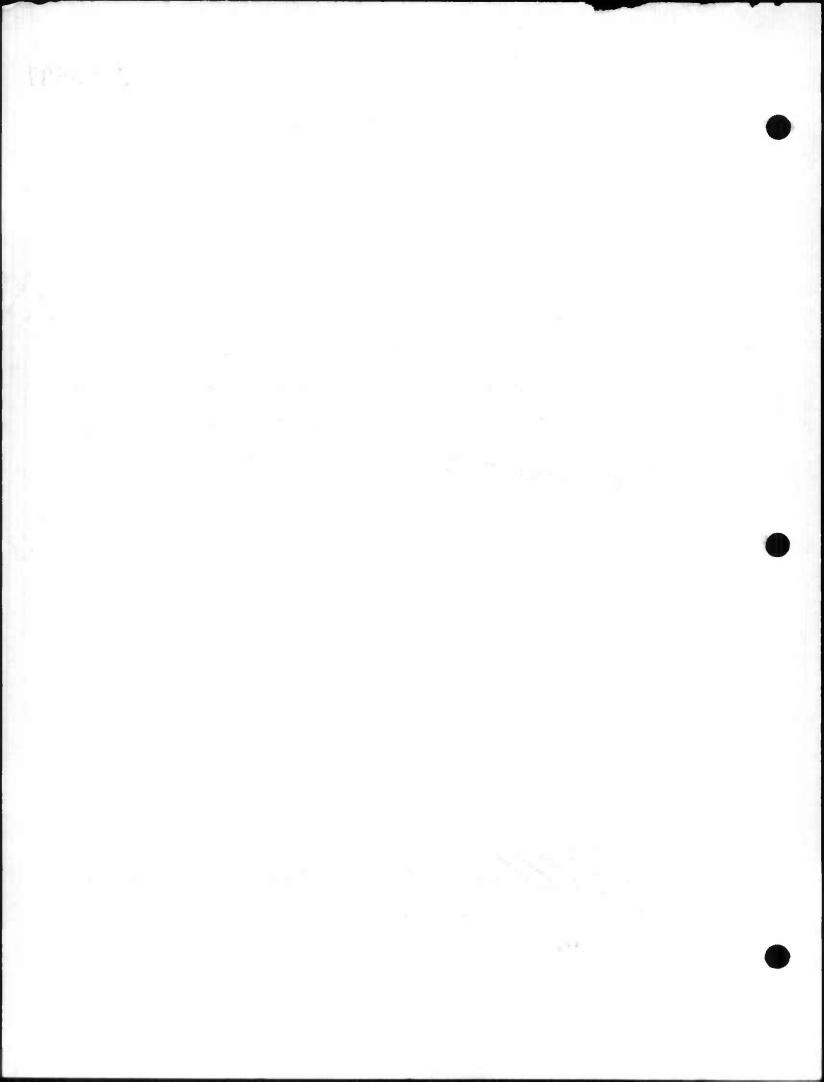
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours that death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the trained director, page 5 should be detached for use as the be filed within 72 hours after death with the State Denr. of Health and Mental Hygiene prior to burial, cremation, or immost.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
death. Page	ne fumeral dire	examiner
24 hours after	filled in by the	the medical
scuted within	nd completely vurial, cremat	itic event,
ificate be exe	physician ar	her trauma
the death cert	the attending Mental Hygi	njury, or of
requires that	en signed by of Health and	hows any
AN: The law	ificate has be State Dept.	r Item 23 s
ING PHYSICIA	After this cert leath with the	marked, o
OR ATTEND	DIRECTOR: /	item 28 is
TO THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remain	IMPORTANT: 11

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IYGIENE	96	0	5	5	8	17	
EC NO							

for 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			ENTAL HYGIEN REG. NO.	E 5	05587
1. DECEDENT'S NAME (First, Middle, Last)	$\cap$	,	, /	,	2, DATE OF OEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In vr		U/S/	VER	MONTH DI	2 9	6 6:22 M
The second secon	1× M 2 □ F 76	77	NTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SHRTH (Month, Day, Year) Feb. 3, 1		BIRTHPLACE (State or Foreign Country) aryland
9e. FACILITY NAME (If not institution, give street		9b	. CITY, TOWN O	R LOCATION OF OEA	тн	9c. COUNTY	OF DEATH
Northampton Manor	Nursing Home		Frederi	ick		Fred	erick
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c. CITY. TO	OWN OR LOCAT	ION			10d, INSIDE CITY
Maryland Frede	rick		derick				1 YES 2 NO
10e. STREET AND NUMBER			13972	. ZIP CODE			OF WHAT COUNTRY?
1421 Taney Ave.				21702		USA	
1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1 \(\bigai\) YES 2	NO	If yes, spe	ecify_Cuben, Mexicen,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	WW II			2 NO Specify:			specify: White
15. DECEDENT'S EOUCAT (Specify only highest grade co.	(ION mpleted)	a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo:	ON st of working	186, KIND OF BUS	SINESS/INDUST	TRY
Elementary/Secondery (0-12)	College (1-4 or 5+)	Laborer	nii eu. j		Constr	uction	200
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Surneme)	
George C.	Wisner			Goldie	Delm	ire	Trump
19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow.		
Evelyn Lucille Way		1			21, Thurm		
20e, METHOD OF DISPOSITION  1X Burial 2 Cremetion 3 Remove	al from State cemeter	ACE AND DATE OF D ry, crematory or other	place)		1 - 4 -		or Town, State
4 Donation 5 Other (Specify)	Mt.	Olivet	Cemeter			derick	, MD
21. SIGNATURE OF PONENCE DEEP			Roberi	E Dail	ey & Son,	P.A.	
1			615 E	. Main St	., Thurmo	nt, MD	21788
23 PART I. Enter the diseases, or cor	mplications thet caused the et only one ceuse on each	e deeth. Do not	enter the mo	de of dying, auch	aa cerdlec or reepi	retory arreat	
IMMEDIATE CAUSE (Final				//			Interval Between Onset and Death
disease or condition reaulting in death)	Cere	bell	er b	formor	stado	. as	al 5 weeks
	DUE TO (OR AS A CO	ONSEQUENCE OF	word	of Cerel	rloge	user	-
Sequentially list conditions, b.	DUE TO (OR AS A CO						
if any, leeding to immediate cause. Enter UNDERLYING							
CAUSE (Disease or injury that initieted evente	OUE TO (OR AS A CO	INSEQUENCE OF):					
resulting in death) LAST							
PART II. Other eignificent conditions	contributing to death but	not moulting in t	he underluine	a course alven in B	art I. 24s. WAS AN	ALITODOV	24b. WERE AUTOPSY FINDINGS
Ether	Line.	not resolding in t	tie dilderlying	g cause given in r	PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE
	- SPA				1 YES 2	₩ NO	OF DEATH?
DID TOBACCO USE CONTRI	BLITE TO CALISE OF	DEATH VES		LINICEDTAIN			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		PLACE OF OEATH (		ONCERIAIN			
	HOSPITAL:	0	THER:				
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O		IURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED.
1 Netural 5 Pending	(Month, Day, Year)	INJURY	Y WO	PRK? YES 2 NO			
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY —	At home, ferm, atree			28f. LOCATION (Street	and Number or	Rural Route Number
4 Homicide 8 Could not be	building, etc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)		The state of the s
290. CERTIFIER   X CERTIFYING PHYSICI	AN: To the best of my knowledg						
	On the beele of examination en						euse(s) and manner as stated.
290. SIGNATURE AND STILE OF CENTIESES	11.						
	IL	-61		29c. LICENSE NUMB	159	29d. DATE S	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH	(ITEM 27) (Type Pri	(nt)	0001	//	0	0/6
Ronald Miller, M.	.D., 4 Culwel	1 Dr., M		y, MD 217	71		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	P					



#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

	-	Decedent's Nema (First, Middle, L	acti	(	Certificate of	Death	2. Data of De	Reg, No.	96 .055		
Physic	ian		Louise		Warner		Month Feb.	_	96 7:40 A		
/Medi		Lillian  4e. Fecility Nema (If not institution, gr			warner	4b. City, Town, or I					
Examir	ner	35 S.Aurora S				Easton	LOCATION OF Deeti		1bot		
Funeral Director			Sex 7. Ag	a (In yrs. last birtl 45 Y	Months Days		8. Date of Bird (Month, Da Oct. 20		9. Birthplace (Stata or For Country) Maryland		
dand www		10e. Stete 10b. County		10c. City, Town	or Location				10d. Insida City Lir		
the Mary 28s-f eh	ctor	Maryland Talbot		Easton					1 X Yas 2 □		
th with the Marylar 23a or 28a-f ehow	al Dire	10e. Street and Number 35 South Ray Sta	ræet					10g. Citizen of What Country? USA			
72 hours after death with the Maryland nature!, or items 23s or 28s-f show Item Example: must be notified at	1 by Funeral Director	11. Maritel Stetus  1 ☒ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yas 2 ☐ If If Yas, Give A Yaar or Datas:		13. Was Dacedent of If Yes, specify Cul 1 ☐ Yas 2 ☐ No		pecify Yas or No o Rican, etc.)		e - Amarican Indian, ck, Whita, etc. :: Black		
n 72 hours "naturel".	etec	15. Decedant's E (Specify only highast gi	ducation rada completad)	16a. I	Decedant's Usual Occu Give kind of work done lifa. DO NOT usa retin	pation during most of wor	king	16b. Kind of Bu	usinass/Industry		
within on the second	To Be Completed	Elamantary/Secondery (0-12)	College (1-4or 5	i+)	lifa. DO NOT usa retin Never Work			Never	Worked		
P P P P P P P P P P P P P P P P P P P	Ö	17. Father's Name (First, Middle, Las	t)			18. Mothar's Nan	ne (First Middle	Maidan Suman	na)		
id be ental ked o	o B	Carroll Warner	*				Pierce				
permit. Peges 1 and 2 should be filed within Department of Haaith and Mental Hygiene. Important: If Item 27 is merked other than any injury or other traumatic event, the Mones.	-	19a. Informant's Name/Ralationship Hazel Warner	(Type, Print)		Meiling Address (Stree						
F Has		20a. Mathod of Disposition			Disposition (Nama of , crematory or other pla		Data		City or Town, Stete		
Pega ant o nt: If I		1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec			, crematory or other pil . Cemetery		2/17/96	Easton	, Maryland		
Departm Departm Importar any Inju		21. Signature of Funaral Sarvice Lice	*	onape:	22. Nama and Addr	ass of Facility Be	ennie Sm	ith Fun	eral Home		
20599		Why 7	rince)		P.O. Bo	x 1687, E	aston, l	Maryland	1 21601		
Physician /Medical Examiner	16	23a. Pint I. Enter the disease, or conshibite, or heart failure. List only Immediate Causa (Final disease or condition resulting in deeth)							Approximata Interval Batween Onset and Death IMINUTES HOURS		
and transit	Examiner	Sequentially list conditions,	b. Chro	Chronic soizure d'sorder  Dua to (or as a consequence of):  Chronic soizure d'sorder  Dua to (or as a consequence of):							
requires that the death cartificate be axecuted spens signed by the ettending physician and hould be deteched for use as the burial-transit	Aedicai Ex	Sequentielly list conditions, early, laeding to immediate ausse. Entar Undertyling Cause (Disease or Injury hat initiated events esuiting in death) Last Due to (or as a consequence of):									
5 0 0	an/Med		d								
deau la ette	sicia	Part II. Other significant conditions	contributing to death b	ut not resulting in	tha undariving causa g	van in Part I.	23b. Did	obacco use co	ntribute to the cause of de		
that the ned by the detech	by Physician/N	Cerebral	alsy				10		3 Probably 4 Unkr		
lew requires that the death car las been signed by the ettendin s 2 should be deteched for usa	Completed b	Right-sideo	V kemip	eresis			24a. Was perlo	an autopsy rmad?	24b. Ware autopsy finding evailable prior to complation of cause of daath?		
page page	Com	Mendal 1e	Tardatio	3			101	res 2 No	1 ☐ Yas 2 ☐ No		
ertific ector,	Be	25. Was casa refarred to madical axaminar?				26. Place of Dee	th (Check only o	na)			
	은	1 X Yas 2 No			atlant 3D DOA		oma 5 Rasio				
Attending rated death.  octor: After by the funer	ation	27. Mennar of Death  1 Natural 5 □ Panding  2 □ Accident invastigation		ry 28b. Ti Y <i>ear)</i> Inj	ury Wo	iryat ork? ]Yes 2∐No	28d. Dascribe I	now Injury occur	red		
무슨하는	Certification:	3 Sulcida 6 Could not I detarmined	28a. Place of Injubulding, atd	ury - At homa, farr c. (Specify)	n, streat, factory, office		28f. Location (S City or Tox		er or Rural Routa Number,		
within 24 hours in To the Funeral I completely filled	edical	29a. Certifier (Check only one) 1 Certifying Pl	hysician: To the best of miner: On the basis of and mannar sta	of my knowledge, axamination and ited.	death occurred et the to or Investigation, In my	ma, data and placa opinion, daath occu	, and due to the rred at the time,	cause(s) and me data and place,	ennar as stated. and dua to the cause(s)		
To the comp	X	29b. Signature end titla of certifier	V .		29c. Lican	sa number		29d. Data signe	d (Month, Day, Year)		
		The	KOWT N	No	D :	25933		Feb.	13, 1996		
		30. Nama and address of person who	completed ausa of d	eath (Item 23e) (T							
1		M	Gr. E.	20 - 77	127 7	-	1/0	01601			
		Michael Crowl 31. Dete filed (Month, Day, Year) FEB 16			wild Ave	Easto	n, MD	21601			

Ba -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
w requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or other traumatic event, ti	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The la	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Del	IMPORTANT: If item 28 is marked, or Item 2:	

FEB 1 2 1996

4. SOCIAL SECURITY NUMBER 220-52-7372  1 \[ \text{XM} 2 \] F \] 99. FACILITY NAME (If not institution, give street and number)} \] 90. COUNTY OF DEATH  Aberdeen  MONTH DAY YEAR F UNDER 1 YEAR F UNDER 24 IPRS.  7. DATE OF BIRTH (Month, Day, Year) (Month, Day, Y	TIME OF DEATH  8:40 P  M  CE (State or Foreign	
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 1 UNDER 1 YEAR 1 FUNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 Nonth Day's Hours Min. 7. DATE OF BIRTH (Month, Day, Year) 1 Nonth Day's Hours Min. 7. DATE OF BIRTH (Month, Day, Year) 1 Nonth Day's Hours Min. 7. DATE OF BIRTH (Month, Day, Year) 1 Nonth Day's Hours Min. 8. BIRTNPLAC		
220-52-7372 1 2 F 43 YRS. MONTHS DAY'S HOURS MIN. (Month, Day, Year) Country)  90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  90. COUNTY OF DEATH	we totate or i oronge.	
9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH	MD	
RESIDENCE OF DECEDENT		
10c. CITY, TOWN OR LOCATION 10d.	I. INSIDE CITY LIMITS?	
	YES 2 NO	
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT	COUNTRY?	
10. STREET AND NUMBER  10. STREET AND NUMBER  10. COL NILL STREET AND TO STREET AND STRE		
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No.   14. RACE - A		
- NATA - NATURE - NAT	or No— 14. RACE — American Indian, Black, White, atc.  Specify: Black	
В	lack	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  11  17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surname)		
Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use retired.)		
home improvemen	it	
17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surname)		
Hannibal Warfield Bernice Haines		
196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)		
Shirley Sconion 26C E. Belair Ave Aberdeen, MD 210	01	
110 110 110 110 110		
20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town. S	State	
20e. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of DATE DATE DATE)  20c. LOCATION — City or Town, S  20c. LOCATION — City or Town, S		
20e. METHOD OF DISPOSITION    Date   Commetted   Comme		
20e. METHOD OF DISPOSITION   Burlel 2   Cremation 3   Removal from State	ace, ND	
20. METHOD OF DISPOSITION   Burlel 2   Cremation 3   Removal from State	ace, ND	
20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Supplied 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, Supplied 2 Removal from State 20c. LOCATION — City or Town, Supplied 2 Removal from State 20c. LOCATION — City or Town, Supplied 2 Removal from State 20c. LOCATION — City or Town, Supplied 2 Removal from State 20c. LOCATION — City or Town, Supplied 2 Removal from State 20c. LOCATION — City or Town, Supplied 2 Removal from State 20c. LOCATION — City or Town, Supplied 2 Removal from State 2 Remova	e, MD Approximata	
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20s. METHOD OF DISPOSITION   Burlet 2   Cremation 3   Removal from State	e, MD Approximata	
20e. METHOD OF DISPOSITION    Burlet   2   Cremation   3   Removal from State	e, MD Approximata	
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20e. METHOD OF DISPOSITION    Burlet   2   Cremation   3   Removal from State	e, MD Approximata	
206. METHOD OF DISPOSITION    Date   20c. LOCATION - City or Town, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Intilated events reaulting in death) LAST    206. METHOD OF DISPOSITION   Name of   DATE   20c. LOCATION - City or Town, Sequentially list conditions, and consequence of	e, MD Approximata	
20b. PLACE AND DATE of DISPOSITION (Name of computery, crematory or other place)  20b. PLACE AND DATE of DISPOSITION (Name of computery, crematory or other place)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Beard Funeral Home  552 Lewis St. Havre de Grace  23. PART I. Enter the diseasea, pr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, abock, or heart failure. Liet only one deuse on each line.  NOTE: The complete of the place	e, MD Approximata interval Batween Onset and Death	
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200. METHOD OF DISPOSITION   Removal from State   200. PLACE AND DATE OF DISPOSITION (Name of companion) companion   200. METHOD OF COMMENTANCE (Commenter) companion   200. METHOD OF COMMENTANCE (Commenter) companion   200. METHOD OF COMMENTANCE (Commenter)   200. METHOD OF COMMEN	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death	
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206. NETHOD OF DISPOSITION   Removal from State   206. PLACE AND DATE   206. LOCATION - City or Town, S   206. DETAIL   206. LOCATION - City or Town, S   206. Detail   206. CONTRIBUTE TO CAUSE OF DEATH   207. LOCATION - City or Town, S   208. METHOD OF DISPOSITION (Name of Company), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committee or other place), comm	Approximate interval Batween Onset and Death Onset and Death NE AUTOPSY FINDINGS ILABLE PRIOR TO PRICEION OF CAUSE DEATH?	
20b. NETHOD OF DISPOSITION   Removed from State   20b. PLACE AND DATE   20c. LOCATION — City or Town, S   20b unit 2   C creamston 3   Removed from State   20b unit 2   C creamston 3   Removed from State   20b unit 2   C creamston 3   Removed from State   20b unit 2   C creamston 3   Removed from State   20b unit 2   C creamston 3   Removed from State   20b unit 2   20c unit 2	Approximate interval Batween Onset and Death O	
206. NETHOD OF DISPOSITION   Removal from State   206. PLACE AND DATE   206. LOCATION - City or Town, S   206. DETAIL   206. LOCATION - City or Town, S   206. Detail   206. CONTRIBUTE TO CAUSE OF DEATH   207. LOCATION - City or Town, S   208. METHOD OF DISPOSITION (Name of Company), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committey or other place), committee or other place), comm	Approximate interval Batween Onset and Death O	
209. METHOD OF DISPOSITION   200. LOCATION — City or Town, some process of packing a construction of the packing and process of packing and process of packing and process of packing and packing an	Approximate interval Batween Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and D	
20s. METHOD OF DISPOSITION   20s. PLACE AND DATE OF DISPOSITION   Name of control 2   Charles   2   Cremation   3   Removal from State   2   Cremation   2   A   A   A   A   A   A   A   A   A	Approximate interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death?  JYES 2 NO	
209. METHOD OF DISPOSITION   200. LOCATION — City or Town, some property of the problem of the property of the problem of th	Approximate interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death?  JYES 2 NO	
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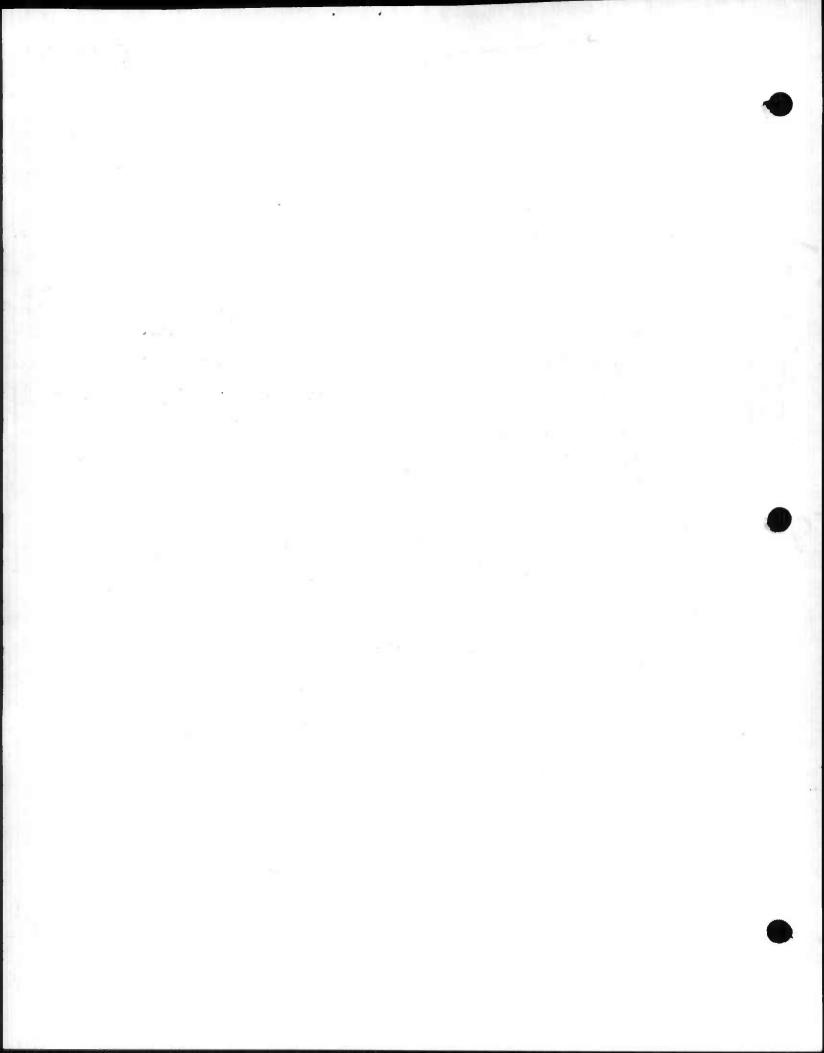
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed when 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI Certif				MENTAL HYGIEN REG. NO		<b>6</b> 05590
	1. DECEDENT'S NAME (First, Middle, Last)							AY YEAR	
	Bays Frankli						1 1996	12: 27 PM	
		5. SEX 6. AGE (1 1 🕅 M 2 □ F 82	in yrs. last birthday) YRS.	MONTHS	DAY8	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 4, 19	Cou	other (State or Foreign Unitry) Virginia
DIRECTOR	9a. FACILITY NAME (If not institution, give street	et end number)		9b. CITY	r, TOWN C	R LOCATION OF DE		9c. COUNTY OF	
	Fallston General	Hospital		1		Fallston		Н	arford
REC	10e. STATE 10b. COUNTY		10c. Cl	TY, TOWN	OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Harford					l Air		1 TYES 2 X NO	
FUNERAL	400 Cedar Spring Road				. ZIP CODE	21015 10g. CITIZEN OF WHAT COUNTY USA			
N N	1. MARITAL STATUS  1. Page Marital 2 17 Maritad FORCES? 1 YES 2 200			13. WAS DECENDENT OF HISPAN		IC ORIGIN? (Specify Yes	or No.— 14. R/	14. RACE — American Indian.	
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	2XXVO				iben, Mexican, Puerto Rican, atc.)  10 Specify:		Black, White, etc.  Specify:	
	15. DECEDENT'S EDUCA	TION	16e. DECEDENT'S	S USUAL C	CCUPATK	DN	16b. KIND OF BU	SINESS/INDUSTRY	white
Ē	(Specify only highest grade co Elementary/Secondary (0-12)	College (1-6 or 5+)	(Give kind of tife, Do NOT u	work done use retired.)	during mo	st of working			
COMPLETED	7		Dairy	Farm	er_	N. Comment		ultural	
	17. FATHER'S HAME (Fest, Micsell, Lest) Floyd (nmn) Woo	a					ME (First, Middle, Maiden	,	
) BE	the INFORMANT'S NAME (Type#Yorl)		19b. MAILIN	G ADDRES	S (Street 4		ha Fdwina Poute Number, City or Tox		vis
2	Inez R. Wood								and 21015
	25e. METHOD OF DISPOSITION  1 ★ Burlet 2 □ Cremation 3 □ Remove  4 □ Donation 5 □ Other (Specify) A	nal from State 206	PLACE AND DATE	of DISPO	SITION (No	Cardone	2/14/96 E	CATION - City or	Mararland
	21. SIGNATURE OF JUNERAL SERVICE INCE	mee / Mag	ST WIT I	22.	NAME A	D ADDRESS OF FA	ciuty mas III Fu	ET HIL,	Maryraid
	1 / January	K M Z		13	17 C	okesbury	Road, Abi	ngdon,	
	23. PARTIAL Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line.								
	IMMEDIATE CAUSE (Final disease or condition	acute m	MAAAAA	1.16	1 14	LANATI	An		Onset and Death
	resulting in death) s.	OUE, TO (OR) AS A	CONSEQUENCE	OF):	M	The state of the s	2071		Monus
N	Sequentially list conditions, b.	Ind sta	1	ideo	nuy	ogracia	ц	_	
ATIC	if any, leading to immediate cause. Enter UNDERLYING	MAU	SEQUENCE OF: 00 MILLANIA MA the Quant		1994				
RTIFICATION	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	0f):		UNIVO F	me of you	rueu	neg
ERT	resulting in desth) LAST								
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PROPRIED?  PERFORMED?  AMILIABLE PRIOR TO COMPLETION OF CAUSE OF PARTY.								
MED	Mypothyrou	dism, as	and and make			1 YES 2 NO			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
SIC!	25. WAS CASE REFERRED TO MEDICAL.  EXAMINER?  1 YES 2 DATO	26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:							
HYS	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 18c. INJURY AT WORK?			IURY AT				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation								
0	3 Suicide a Could not be determined	28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify)			•	261, LOCATION (Street City or Town, State		rei Route Number,	
COMPLET	29e. CERTIFIER (Check only one)  (Check only one)  (Check only one)								
CO	MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner as stated.								
BE	20% SIGNATURE AND TITLE OF CERTIFIER					D317	04	FELO	NED (Month, Day, Year)
10	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (5a	na Drint)				1 000	1411/11/16

DID LORACCO OSE CONT	RIBUTE TO CAUSE OF DEA	TH YES   NO   UNCERTA	N 🗷				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 10 NO	HOSPITAL:	26. PLACE OF DEATH (Check only one)  OSPITAL:  OTHER:  Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)					
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 1NJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED				
3 Suicide a Could not be	28e. PLACE OF INJURY — At hos building, etc. (Specify)	me, ferm, street, tectory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

20% SIGNATURE AND TITLE OF CERTIFIER	M	29c, LICEN	SE NUMBER	PEBNUAN 11.19
36. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM 27) (Typo, Pr	AVENUE	FA//ston,	Md. 21047
31. DATE FILED (Month, Day, Year) FEB 13 1996	PREGISTARY SIGNATURE			
3>==				DHMH-1



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

296. SIGNATURE AND TITLE OF CERNFIER

OX

FEB12

NAME AND ADDRESS OF PERSON WHO COMPLETED CRISE OF DEATH (ITEM 27) (Type, Print)
ETER R. Graze 900 BEST gate Rd

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FEB. 8 1996 TERMICA E. WELLS 7. DATE OF BIRTH (Month, Day, Year) JULY 28 1972 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAY8 MONTHS 1 M 2 F 217-86-3334 as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1432 TYLER AVENUE ANNAPOLIS 10b. COUNTY 10c. CITY, TOWN OR LOCATION ANNAPOLIS MARYLAND ANNE ARUNDEL 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 1432 TYLER AVENUE 21403 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: ВУ 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION use (Specify only highe (Give kind of work done life. Do NOT use retired.) jō Elementary/Secondary (0-12) College (1-4 or 5+) COMPL filled in by the funeral director, page 5 should be detached 11th CASHIER McDONALDS notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) MAURICE J. WELLS TERRY MARLOW 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1432 TYLER AVENUE ANNAPOLIS, MD. 21403 TERRY MARLOW pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 20a. METHOD OF DISPOSITION

1 S Burial 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) ANNAPOLIS MEM. CEMETERY 2/14/96 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY REESE & SONS MORTUARY, P.A. 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart fellure. List only one cause on each line. 821 WEST ST. ANNAPOLIS, MD. 21401 medical ŏ IMMEDIATE CAUSE (Final cremation, the HODEKINS DISEASE disesse or condition\_ completely or other traumatic event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF burial, CERTIFICATION the attending physician and Mental Hygiene prior to bur Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. has been signed by the Dept. of Health and shows any DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \Boxed{1}\) UNCERTAIN \( \Boxed{1}\) PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Hem EXAMINER? State certificate HOSPITAL OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Realdance 6 Other (Specify) 6 with the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OEŞCRIBE HOW INJURY OCCURED marked, Natural 2 Accident this 5 Pending Investigation 1 YES 2 NO BY THE FUNERAL DIRECTOR: After filed within 72 hours after death OR ATTENDING 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28 is i 6 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If item 28 29e. CERTIFIER (Check only CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated.

CERTIFICATE OF DEATH

REG. NO.

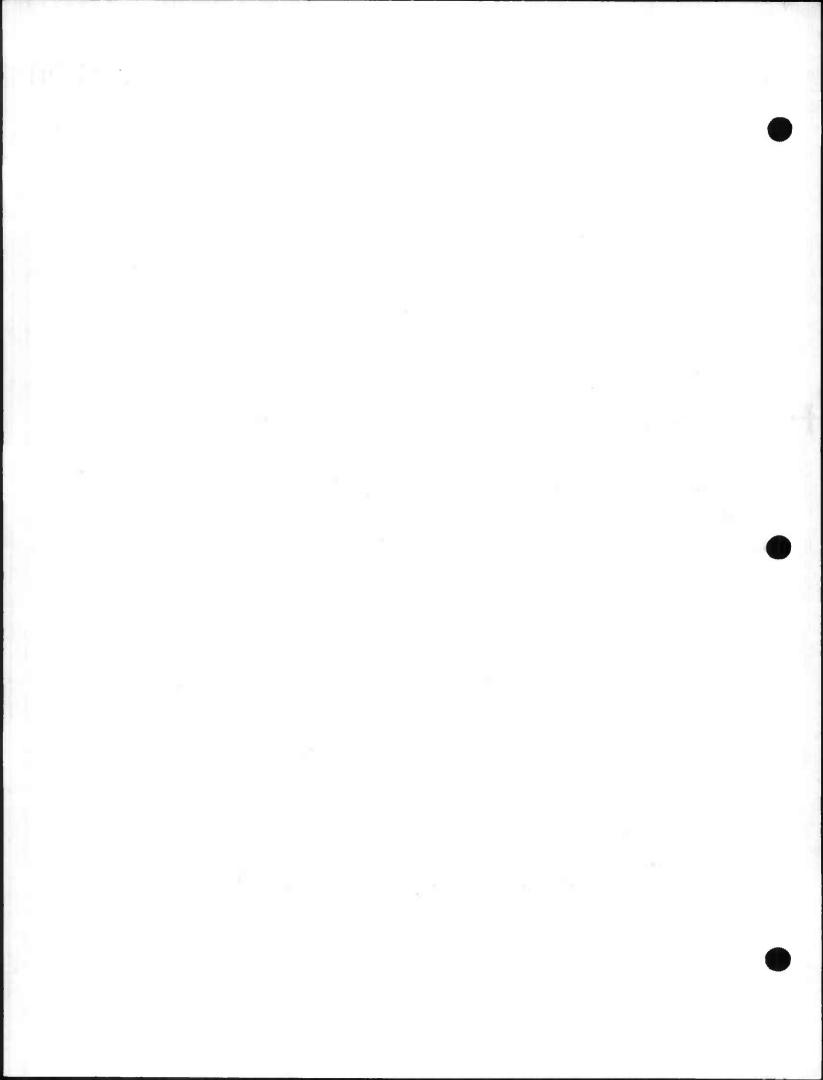
2. DATE OF DEATH

LICENSE NUMBER

0559 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH YEAR 2:45 am 6. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH ANNE ARUNDEL 10d. INSIDE CITY 1 X YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? US 14. RACE — American Indian, Black, White, etc. BLACK 16b. KIND OF BUSINESS/INDUSTRY 20c. LOCATION - City or Town, Stata ANNAPOLIS, MD. Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day,



	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO		96	0559
	1. DECEDENT'S NAME (First, Middle, Last) Pat Yancone	Dolors Wan	cone		2. DATE OF DEATH DON'TH DON'TH DON'TH		AR 3. 1	OY35	
	4. SOCIAL SECURITY NUMBER 087-18-6363	1 🔀 M 2 🗆 F	n yrs. last birthday) 70 YAS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 7, 19	925 Ne	OUNTRY)	
LOR	9a. FACILITY NAME (If not institution, give Union Memori		L		timore		9c. COUNTY	OF DEATH	1
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN  Maryland	W Harford		y, town on Loca erdeen	TION		_		I. INSIDE CITY LIMITS? YES 2 NO
- 1	10e. STREET AND NUMBER		110		I. ZIP COOE		10g. CITIZEN	1 40	
BY FUNERAL	422 Woodcrest I  11. MARITAL STATUS  1   Never Married 2  Married 3   Widowed 4  Divorced	12. WAS DECEDENT EVER IN FORCES? XX YES IF YES, GIVE WAR OR D.	2 NO	If yes, sp	21001 ENDENT OF HISPA Healfy Cuban, Mexic 2 2 NO Special	NIC ORIGIN? (Specify Yas an, Puerto Rican, etc.) fy:			
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16e. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	18b. KIND OF BU		-	
COMPLET	12 2 Per:			nnel Manager Civil Service  16. MOTHER'S NAME (First, Middle, Meiden Surmame)					
H	Peter Yancone  19a, INFORMANT'S NAME (Type/Print)	· · · ·	19b. MAILING	ADDRESS (Street )		y Salerno Route Number, City or Tow	n, Stata, Zip Coo	(a)	
2	Mr. Victor Yano	20b	PLACE AND DATE	OF DISPOSITION (N	Country		ston,		21047 State
	1 M Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	Ha	arford M	22. NAME A Tarri	nd Address of F		erdeen Iome, P	.A.	ryland
	23. PART i. Enter the diseases, or ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	complications that caused in List only one cause on a Reprus	ach iine.		ode of dying, suc		Iratory srrest	-	Approximata Interval Batwee Onset and Dear
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in deeth) LAST	0.	CONSEQUENCE O	Ans		Bypass	Svey	<u> </u>	m meda Sweet
MEDICAL C	PART II. Other significant condition	one contributing to death b	ut not resulting	In the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	AVA	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? LYES 2 \( \square\) NO
SICIAN: I	DID TOBACCO USE CON' 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PE DEATH YI	TH (Check only one)	UNCERTAI	N 🗆		/	
PHY	1 VES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	28b. Till	4 Nursing Hon IE OF 28c. IN. JURY W	JURY AT DRK? YES 2 NO	8 Other (Specify)  28d, DESCRIBE HOW	INJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY	— At home, farm,	-		281. LOCATION (Street City or Town, State		Bural Route	Number,
COMPLET	one)	SICIAN: To the best of my know NER: On the basis of examinatio						iuse(a) an	d manner as stated.
8	290 STONATURE AND TITLE OF CEREME	rall			29c. LICENSE NU		29d. DATE SI	GNED (Mo	/96
10	John A. Wals  31. Date Filed (Month, Day, Year)		1 E Ur		ty Pkwy		more,	MD	
	FEB 1 2 1991	6 Jana arms	en merchanistics (V						

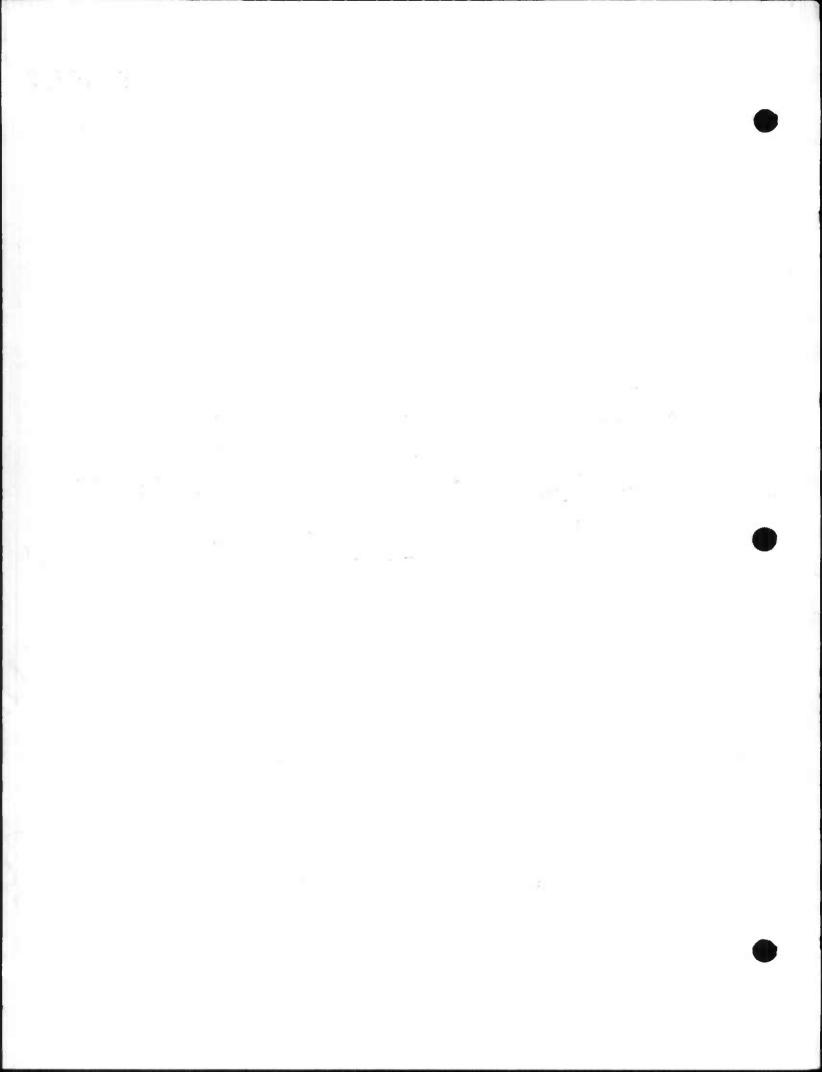
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a new order of the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.	95	05593	
n Zak	, Sr.			2. DATE OF DEATH DAY FED 12,	1996	3. TIME OF DEATH 1:30 P M	
S. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI	NPLACE (State or Foreign	

	1 - STATE OF STATE OF REGISTRAR	MARYLAND / DEPA CERTII	RTMENT OF H	EALTH AND M DEATH	ENTAL HYGIENI REG. NO.	96	05593		
	1. DECEOENT'S NAME (First, Middle, Last)  Joseph John Zak	, Sr.			2. DATE OF DEATH DAY Feb 12,	1996	3. TIME OF DEATH 1:30 P M		
	4. SOCIAL SECURITY NUMBER 218-36-4697  5. SEX 1 ☒ M 2 ☐ F	6. AGE (In yrs. lest birthday, 55 YRs.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Feb 18, 19	Cour	NPLACE (State or Foreign try) ryland		
DIRECTOR	90. FACILITY NAME (if not institution, give street and number) 3851 Kump Station Road			Taneytown Carroll					
	100. STATE 100. COUNTY Maryland Carroll	10c. CI	ITY, TOWN OR LOCATE	ow neytown		16d, INSIDE CITY LIMITS?			
	100. STREET AND NUMBER 3851 Kump Station Road			ZIP CODE 21787		1 TYES 2 NO  10g. CITIZEN OF WHAT COUNTRY?  USA			
COMPLETED BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDE FORCES?	NT EVER IN U.S. ARMED 1 [X] YES 2 □ NO WAR OR DATES - 3/3/63	If yea, spe	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year If yea, specify Cuben, Maxican, Puerto Rican, etc.)  1  YES 2  NO Specify:			or No — 14. RACE — American Indian, Black, While, alc.		
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5	18a. DECEDENT' (Give kind of	s usual occupation of work done during most use retired.)	N It of working	166. KIND OF BUS	iness/industry	"White		
E COM	17. FATHER'S NAME (First, Middle, Lest) John Joseph Zak	11191	TC OTCIK	18. MOTNER'S NAME Lena Woo	E (First, Middle, Maiden S				
TO BE	19e. INFORMANT'S NAME (Type/Print) Marian Zak	196. MAILIN 3851	IG ADDRESS (Street an	od Number or Rural Ro	ute Number, City or Town Taneytown,	, State, Zip Code) MD 217	87		
	20e. METNOD OF OISPOSITION 1 [XBurlel 2   Cremellon 3   Removal from State 4   Donellon 5   Other (Specify)	20b. PLACE AND DATE corretory, cremetory or GAY*1SON FO	eof disposition (Namo other place). Orest Vetero	ans Cemeter	y 2/15 Owi	ation - City or T	own, Stata		
	21. SIGNATURE OF SUNERAL SERVICE LICENSEE	ridore		Main St,	Eline Hampstead	Funeral			
	23. PART i. Enter the diseasea, or complications the ahock, or heart fellure. List only one ce	at ceused the deeth. Do use on each line.	not enter the mod	le of dying, auch	as cardiec or respir	etory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	STATIC OR AS A CONSEQUENCE	COU	NC	CA		2 /2 417		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	O (OR AS A CONSEQUENCE O	0F):						
	PART II. Other significent conditions contributing to	death but not resulting	in the underlying	ceuse given in Pr			. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL					1 TYES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN:	DID TOBACCO USE CONTRIBUTE TO CA		YES NO ATH (Check only one)	UNCERTAIN	K				
YSICI	EXAMINER?  1 YES 2 10 HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient 3 ☐ DOA	OTHER: 4 - Nursing Nome	Residence 8	Other (Specify)	-			
ВУ РН	2 Accident Investigation	Day, Year)	M 1 7	PRY AT RK?	8d. OESCRIBE HOW IN	JURY OCCURED			
	4 Nomicide detarmined	OF INJURY — At home, farm, , etc. (Specify)	, street, factory, office	2	Bf. LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,		
COMPLETED	29s. CERTIFIER (Check only one)  MEDICAL EXAMINET: On the best of check only one)	I my knowledge, death occur examination and/or investigat					s) and manner ee stated.		
TO BE (	296. SIGNAGUIR AND TITLE OF CENTURE  296. LICENSE NUMBER  D 3 5 3 9 8.  29d. DATE SIGNED (Morth, Day, Year)  D 3 5 3 9 8.  20d. DATE SIGNED (Morth, Day, Year)								
	30. NAME AND JODRESS OF PERSON WHO COMPLETED CAL	D-684A	PODE	Rd. Wes	stminst	er mi	21157		
	FFB 14 1996 Julia de	AR'S SIGNATURE							

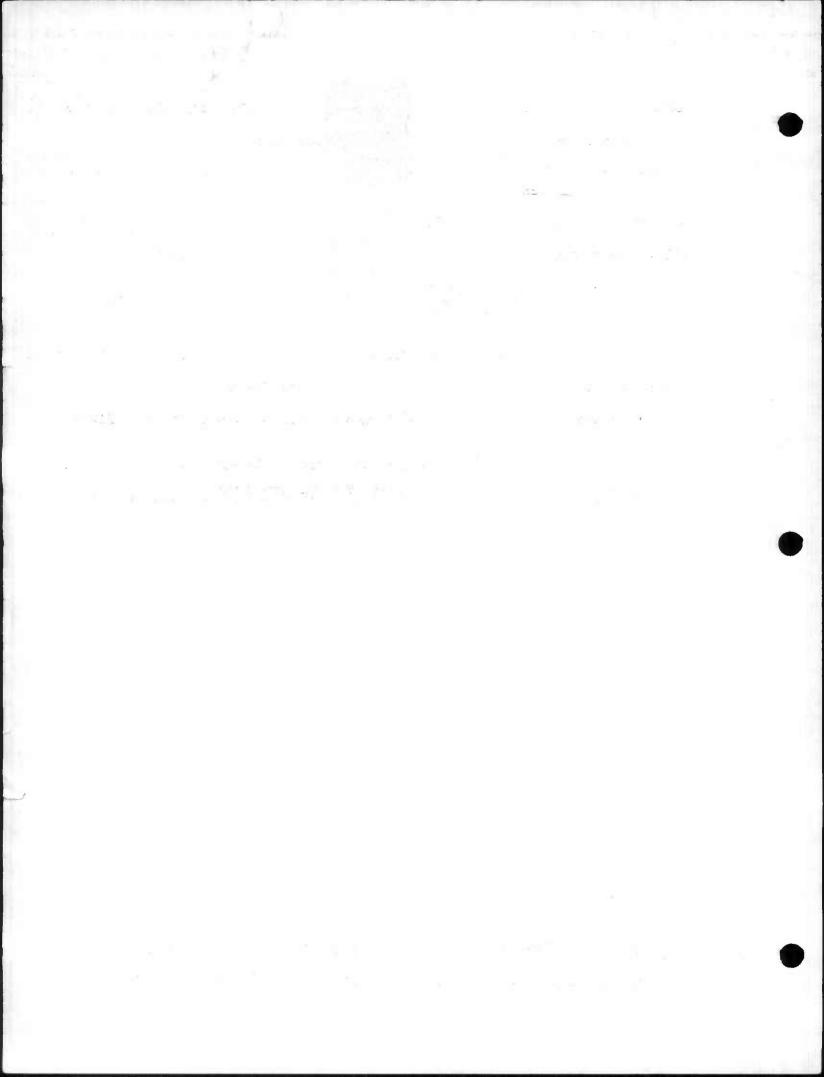


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State of Maryland / Department of Health and Mental Hygiene

						Cert	ificate of	Death		Reg. No.			
	Physic /Medi		Decedent's Neme (First, Middle, La JAMES	L.		AL	STON		2. Dete of D Month Februa	Dev	1996 3.	Time of Death	
1	Exami		4e. Fecility Neme (If not Institution, giv 142 Siegwart Lan	TO THE TAXABLE				4b. City, Town, Baltin	or Location of Dea	th 4c. County	of Deeth		
	Funeral Director		123-12-0708	Sex 7. Ag	e (In yrs. lest bi	rthdey) Yrs.	If Under 1 Yes Months Dey		Win. JUN . 1 5	irth ley, Year) 5,1918	9. Birthplece (Country) Virgin	(Stete or Foreign	
	72 hours after death with the Maryland natural, or Herrs 23e or 28e-f show pical Examiner must be notified at	Director	Usuel Residence of Decedent  10e. Stete 10b. County  Maryland N/A  10e. Street end Number		10c. City, Tov Balti					10a Citizan al	1]	nside City Llmits	
	ath with 23e or	rai Dir	142 Siegwart Lane				212			U.S.A.			
020	d within 72 hours after death with the Marylar plane, "natural", or Herns 23e or 28e-f show triben "natural", or Herns 23e or 28e-f show the Macinal Examiner must be notified at	by Funeral	11. Meritel Stetus  1 Never Merried 2 Merrled 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces?  1 Types 2 1 If the Test Give Year or Detes:			es Decedent of Yes, specify Cu ☐ Yes 2 💆 No		? (Specify Yes or N uerto Rican, etc.)		ce - Americen Ind ck, White, etc. by: Black		
Maryland 21215-0020	S .	Completed	15. Decedent's Ed (Specify only highest gra	ide completed)		. Decede (Give ki life. Do	int's Usuel Occi ind of work don O NOT use reti	upetion e during most of red)	working	16b. Kind of B	usiness/Industry	1	
1212	should be filed within nd Mentel Hyglene marked other than "		Elamentery/Secondery (0-12)  17. Father's Name (First, Middle, Last	3 yr.		curi	.ty	10 Matheria	Neme (First, Middle	-		Electric	
/lan	should be filed within the Mentel Hyglene. marked other than matic event, the Mentel Men	To Be	Oscar Alston						Moore				
Baltimore, Man	s 1 end 2 should be filed f Heelth and Mentel Hyg tem 27 is marked other other traumatic event,	•	19a. Informant's Name/Reletionship ( Lue E. Alston	Type, Print)					Baltimore				
	permit. Pages 1 end 2 sh Depertment of Heelth and Important: If Item 27 Is m eny injury or other traum once.		20e. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specification)		cem ete	ry, creme	tion (Neme of atory or other postern)		Dete 3-1-96		City or Town, S		
Ball	permit. Depertimental Importimental eny inj		21. Signature of Funeral Sarvice Licensee  22. Name and Address of Facility March Funeral Home East 1101 E. North Avenue, Baltimore, MD 21202										
	Physician /Medical Examiner		23a Part Erfor the disease, or com- shock or hash feiture. List only Immadiate Ceuse (Finel disease or condition resulting in deeth)	. Athe		le	rotic		diec or respiretory		Onse	oroximete rvel Between set end Deeth	
	uted d ansit	Examiner		Due to fee as a									
x 68760,	certificets be executed ding physician end ise as the buriel-transit	/Medical Exa	Sequentially list conditions, if eny, leading to immediate ceusa. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest	Due to (or es e consequence of):  Due to (or es e consequence of):					-7/				
Box		hysician	Pert II. Other significant conditions of	ontributing to death be	ut not resulting l	n the und	lerlying cause g	iven in Pert I.	23b. Dio	I tobacco use co	entribute to the	cause of death?	
s, P.O	es that the	by hy	Dement	Ta					1	Yes 2□ No	3 Probably	4 Unknown	
Records,	s been s 2 should	Completed b								s en eutopsy formed?	evellable	utopsy findings e prior to tion of cause 1?	
la H	The asta	е Соп	25. Was cese referred to medical					00 81		Yes 24 No	1 ☐ Yes	s 2□ No	
of Vital	Physiclan: this certifical director,	To B	exeminar?	Hospitel: 1 ☐ Inpetie	nt 2 ER/O	utpetient	3□ DOA C	thor:	Daeth (Check only ng Home 5 X Res		ner (Specify)		
o uoi	Jing Aftar fune		27. Mannar of Death  1. Accident  2 Accident	28a. Date of Injui (Month, Day		Time of Injury	28c. Inj W M 1[		28d. Describe	how injury occur			
Division	To the Hospital or Attendi within 24 hours eftar death. To the Funeral Director: A completaly filled in by the fi	Certification:	3 ☐ Suicide 6 ☐ Could not be datarmined	28e. Plece of Injubuilding, etc	ury - At homa, fa :. (Spacify)	arm, stree	et, fectory, office	e		(Street and Num. own, Stete)	ber or Rural Rou	ita Number,	
	To the Hospital or within 24 hours effe To the Funeral Dir completaly filled in	edicai	29e. Certifier (Check only one) 12 Certifying Ph 2	y <b>sicien:</b> To the best on inner: On the basis of end manner sta	examinetion er	a, death o	occurred et tha stigation, in my	tima, data and p opinion, daeth o	laca, and dua to the occurrad at tha tima	a causa(s) and m , data and piece,	annar as stated. end due to the	ceuse(s)	
	To th To th	Σ	29b. Signature en title of certifier	rai			29c. Licar	nse number	9	29d. Date signe $2-2$	od (Month, Dey,	Year)	
			Janka 30 Name end address of person who SAMBAMBAY BAS	completed ceuse of de	eath (Itam 23e)	(Type, P.	Kens.	AUT. 1	Baltime	r k	0212	.29	
	Sta		31. Dete filed (Month, Dey, Yeer) FFR 2. 9 1996		er's Signeture					•			

DHMH 16 Rev 6/95



bunial-transit physician the buna been signed by should be detac certificate Physician: this uneral Affler

3. Time of Death 22:17 PM Examiner BALTIMONE

If Under 1 Yeer | If Under 24 Hrs. | 8, Dete of Birth (Month, Dey, Year)

Table 1, 1954 11 WEST 20th STREET N/A 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** MIM 2 F 212-60-9898 Director 41 Yrs Virginia Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or Items 23s or 28s-f show the Wedisal Examiner must be notified at 11 Yes 2 No Directo N/A Maryland Baltimore 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 5105 Pall Mall Road 21215 USA death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after of which of help the 19 hours after the marked other than "natural", or feel may or other traumatic event, the Medical Examinating 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 Yes 28 No Specify: þ Specify: **Black** 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Educetion 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Construction Pipe Layer 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be John W. Albright, Sr. Alene Jeffers 19e. Informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Phyllis Albright - wife 5105 Pall Mall Road, Baltimore, MD 21215 20b. Place of Disposition (Neme of cametery, cremetery or other piece)

King Memorial Park 20e. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremetion 3 Removal from State 3/2 Randallstown, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility LEROY O. DYETT & SON FUNERAL HOME,, INC. 4600 LIBERTY HEIGHTS AVENUE, BALTO. 21207 Enter the disease, of complications that cause of redeath. Do not enter the mode of dying, such as cardiac or respiratory errest, for learn failure. List only one cause on each interest. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final CARDIAC HYPERTROPHY disease or condition resulting in death) Examiner Due to (or es a consequence of): Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Box 68760. Physician/Medical thet initieted events resulting in deeth) Last Due to (or as e consequence of) P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 € Unknown FATTY LIVER; CHRONIC ALCOHOLISM Records, by 24b. Were eutopsy findings 24a. Wes an autopsy Completed completion of ceuse of death? (XXes 2 No sion of Vital Be 25. Was cese referred to medicet examiner? 28. Place of Death (Check only one) Hospital: No 2□ No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 70 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28d. Describe how Injury occurred 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? Certification: 1 KNatural 5 Pending 1 Tyes 2 No investigation 2 Accident

29s. Certifier 29b. Signa

3 Sulcide

4 Homicide

Could not be determined

Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, end due to the ceuse(s) and manner stated.

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

29c. License number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

29d. Dete signed (Month, Dey, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

completed ceuse of deem (Item 23a) (Type, Print) help Davidson

O.C.M.E.

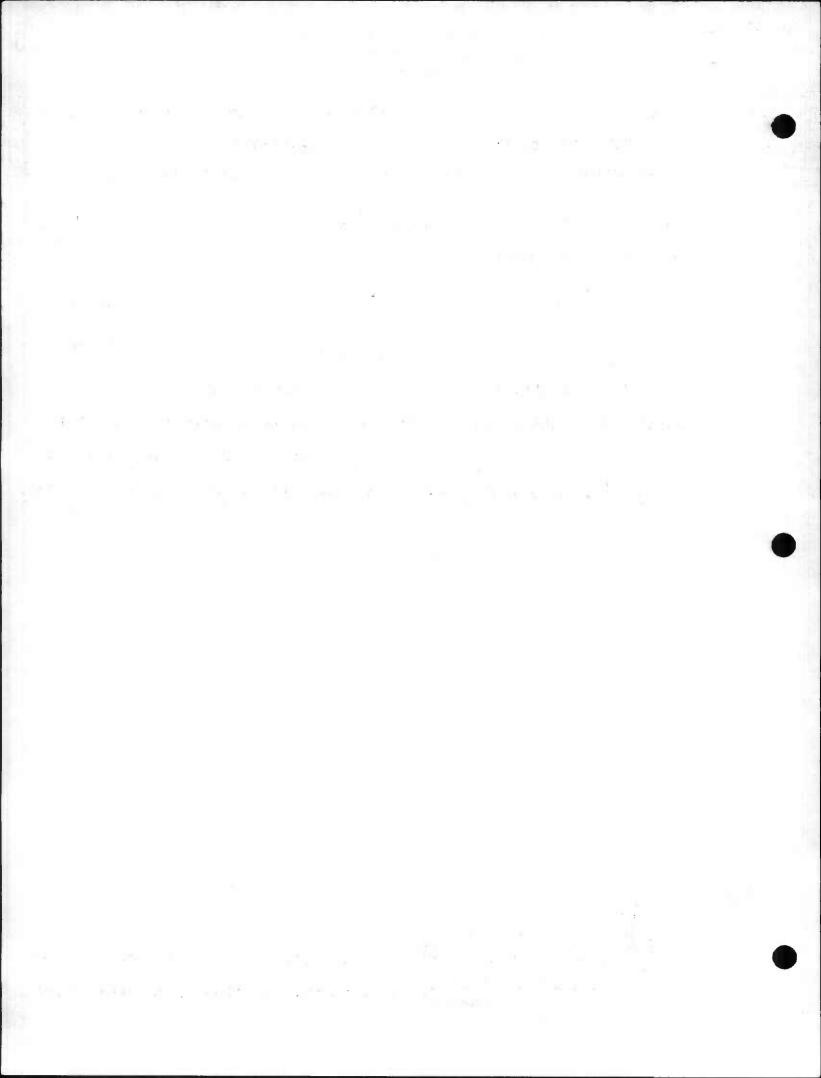
FEBRUARY 27, 1996

State Registrar

Medical

Penn Street, Baltimore, Maryland 21201

To the within 2 To the

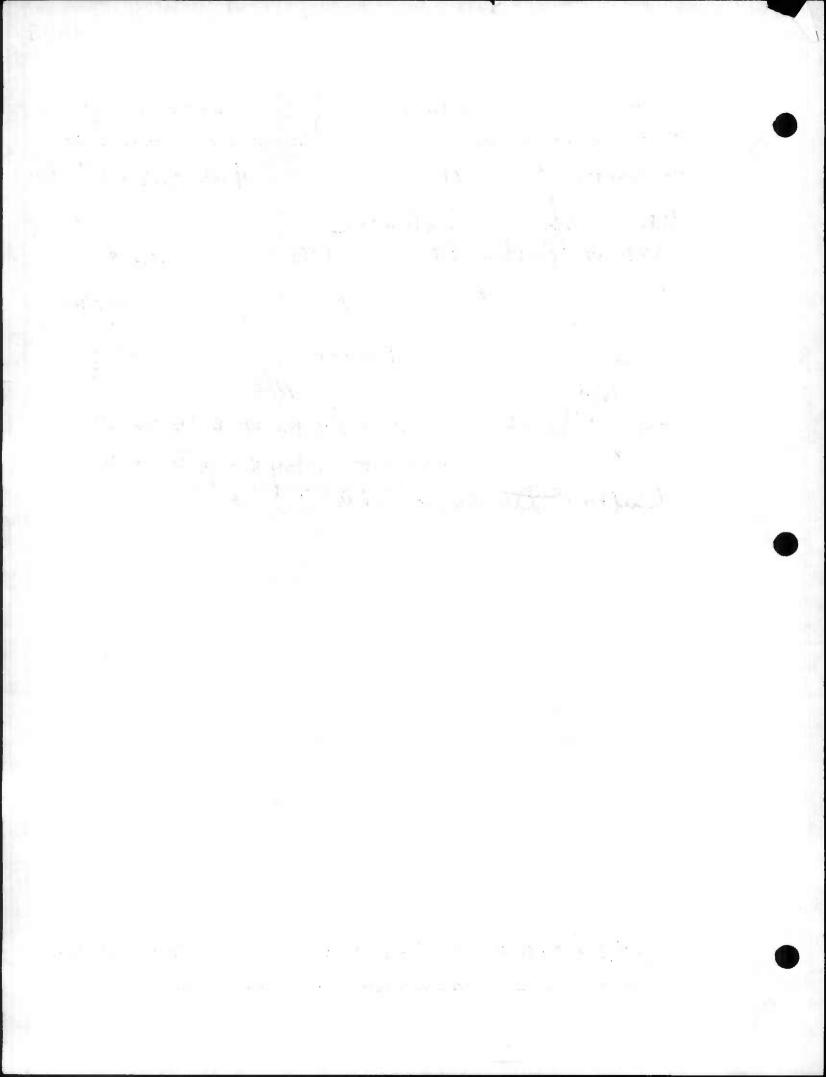


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State of Maryland / Department of Health and Mental Hygiene

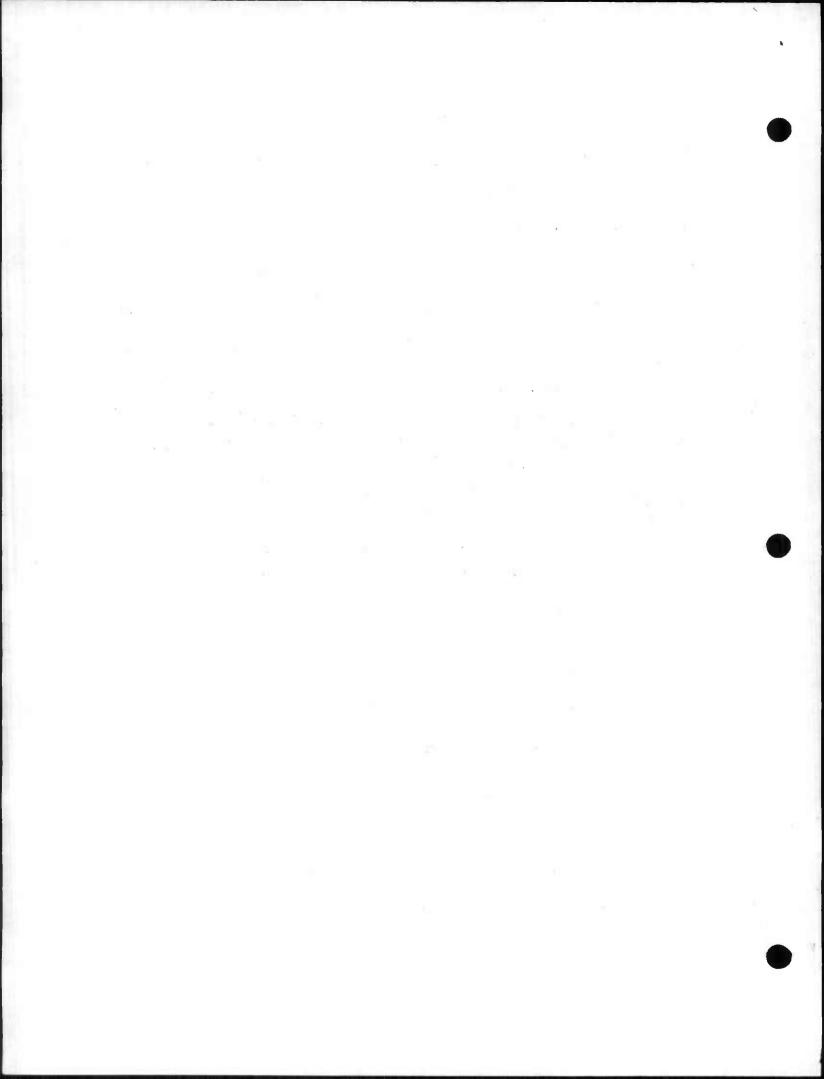
				o tatto o tituli y ta	Certifica	ate of Death	Re	g. No.	
	Physic	an	1. Decedent's Name (First, Middle, Las				2. Dete of Deeth Month	Dev Yee	3. Tima of Death
	/Medi		Edward		erman		February	26,1995°	11:45 A
	Examir	ner	4a. Facility Name (If not Institution, give Maryland General		4b. City, Town, or Baltimor	Location of Death	4c. County of De		
	Funeral Director		5. Social Security Number 6. Se 216 -07-2459	*	(ast birthday) If Und Yrs. Month	er 1 Yaar   If Undar 24 Hr	s. B. Date of Birth		ore City  intholeca (State or Foreign country)  And Ina
	Marylend f show	lor	Usuel Residence of Decedent  10a. State  10b. County	10c. Cit	y, Town or Location	-0		1	10d, Insida City Limits 1 XYes 2 □ No
	ath with the 23a or 28a	Funeral Director	10e. Street and Number 538 W. F	reston Si		Cip Code 21201	10	g. Citizen of Whet (	Country?
020	iges 1 and 2 should be filed within 72 hours after death with the Maryland nt of Health and Mental Hygiene.  If Item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic avent, the Medicial Examiner must be notified at	by	11. Maritai Status  1  Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedant Ever in U Armed Forces? 1 □ Yes 2 ☑ No if Yes, Give Yaar or Detes:		edent of Hispanic Origin? (: secify Cuben, Mexican, Pue 215 No Specify:	Specify Yas or No- rto Ricen, etc.)	14. Race - An Bleck, Wr Specify: B	nerican Indien, nita, atc.
21215-0020	within 72 ho ene. then "natur he Medical	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondery (0-12)	cation fa completed) College (1-4or 5+)		vork done during most of we use retired)	orking	6b. Kind of Busines	s/Industry
	Hygie ther the		17. Father's Name (First, Middle, Last)		Jab	drar	and (First Middle Mi	anna	ry
Maryland	ould be filed Mental Hygi arked other attc avent, t	Be C	A /A-			18. Mother's Ne	ime (First, Middle, Mi	aiden Sumeme)	1
7	2 should I and Men is marked	10	19e. Informant's Neme/Peletionship (T)	vpe. Print)	19b Maiilng Addra	ss (Stree) and Number or F	Tural Routa Number	City or Town State	Zin Codel
N	and 2 : paith ar n 27 is or trau			ens	T38 141	Fice store	SK Bal	to les	212-01
ē,	es 1 and of Health I Item 27 r other tr		20e. Method of Disposition	20b. F	Plece of Disposition (Nematery, cremetory of	erne of	Date 2	Oc. Location - City of	or Town, State
E	Pages net of int: If Its iry or o		1 ☐ Buriai 2 ☑ Cremation 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)	nemoval from Stata	een mount	-Constant	11. 1. 200	Balto.	ht.
Baltimore,	permit. Pages Department of Important: If I any Injury or		21. Signature of Funaral Servica Licans			and Addrass of Facility	service of		
			23a. Pert1. Entar the diseesa, or complishock, or heart feilure. List only o	lications thet caused the deat	h. Do not antar tha m	ode of dylng, such as cerdia	c or respiretory arres	st,	Approximete Interval Between
	Physician /Medical Examiner		Immediete Cause (Finei			monia, Exter			Onset and Death
	LXammer	<u> </u>	resulting in deeth)		or es e consequenca o				
	petr	Examiner		Cerebral Vas					1
68760,	tificate be executed og physician end as the bunal-transit	sal Exa	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	Due to (or as a consequence of):  Dua to (or as a consequenca of):				
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	death e atte	sicia	Pert II. Other significant conditions cor	ntributing to death but not res	ulting in the underlying	cause given in Part I	23h. Did toh	acco usa contribu	te to the cause of death?
S, P.O	iras that tha death cer signed by the attendin Id be datached for use	by Phys	•					2 □ No 3 □	
Records,	sw request speed	Completed b			1.44		24e. Was en performe		o. Were eutopsy findings evaileble prior to completion of cause of deeth?
8		Con					XX Yes	2 🗆 No	XX Yes 2□ No
Vital	ysician: The s certificata director, pag	Be	25. Wes casa referred to medicei examiner?				ath (Check only one,	)	
of	ng Phys	tion: To	1  Yes 2 No   27. Mennar of Deeth 1 Noturel 5 Pending 2 Accidant Invastigation	lospitel: 1½ Inpatient 2 28a. Dete of Injury (Month, Day Year)	ER/Outpatient 3 0	OOA Other: 4 Nursing 28c. Injury et Work? 1 Yes 2 No	Home 5 Residen 28d. Describe how		ecify)
Division	itel or Attendi	Certification:	3 Suicida 6 Could not ba 4 Homicide determined	28e. Plece of Injury - At he building, etc. (Specifi		ory, office	28f. Location (Stre City or Town,		Rural Route Number,
	To the Hospital or I within 24 hours after To the Funeral Direct Completely filled in b	edicai	29e. Cartifier (Check only one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical Examination (Check one) 1 Certifying Physical E	elcian: To the best of my kno ner: On the basis of examine and mannar stated.	wiedge, deeth occurre tion end/or Investigetion	d at the time, date end plec on, in my opinion, deeth occ	e, and due to the cau urred at the time, dat	se(s) end manner are end plece, and de	as stated. ua to the cause(s)
190	To the within 2 To the comple	Ž	29b. Signeture and title of certifier	.1 - 1	/.	9c. License number	290	d. Dete signed (Moi	nth, Dey, Year)
	Q )		30. Neme end eddress of person who co	tha/Cuma		042510		February	27,1996
-			Muthakrishnan Va			Maryland Gen	eral Hosp	ital	
	Sta Registr	_	31. Dete filed (Month, Day, Year) FEB 2 9 1996	32. Registrate Signa					

DHMH 16 Rav 6/95



	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	can lice has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	i the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
	s law requires that the death certifical	has been signed by the attending phy	Dept. of Health and Mental Hygiene	23 shows any injury, or other
	PHYSICIAN Th	this certificate	with the State	rked, or item
	ANTENDING.	N ECTOR: After	offis after death	em 28 is ma
-	P. Park	E C	古花市	1
	TO THE HOS	TO THE FLAG	be filed with	IMPORTAN

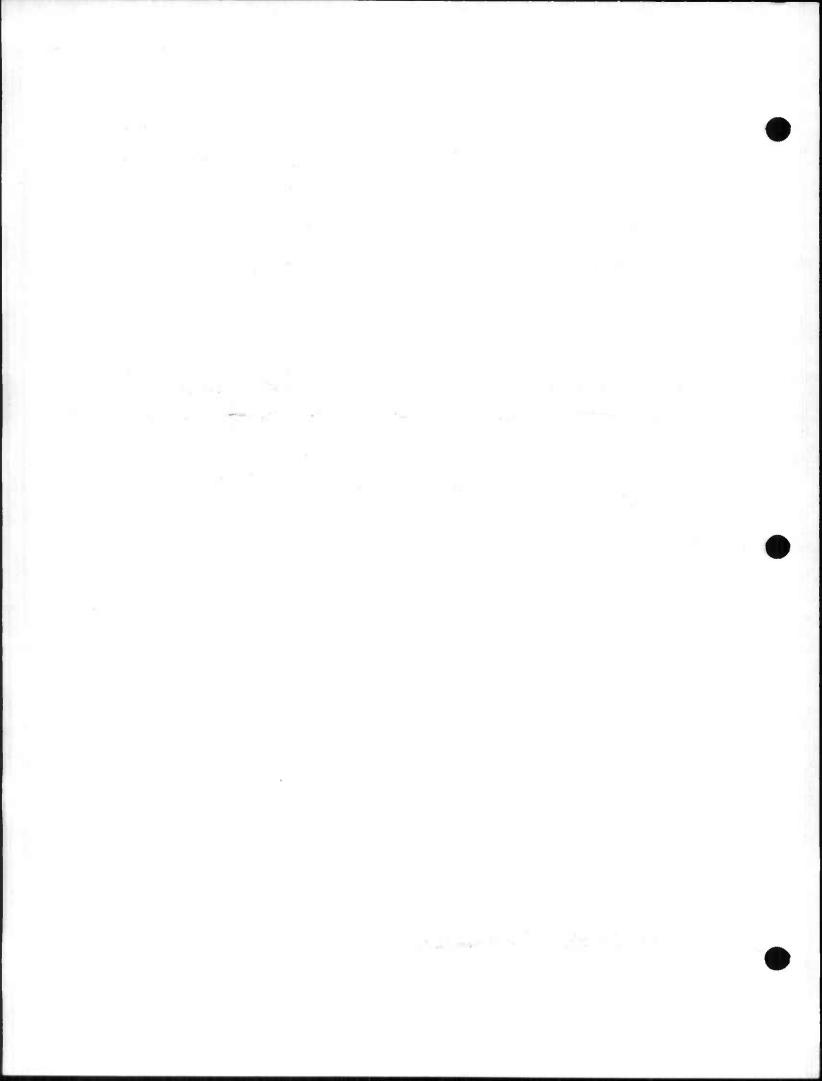
	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL HYGIEN	E		
	1. OECEDENT'S NAME (First, Middle, Last)		71			2. DATE OF OEATH	T T O YEAR	3. TIME OF DEATH	
	Beatrice		Brooks E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	February 2	8,1995 <sup>AR</sup>	4:30 A M	
	010 10 1010	1 🗆 M 2 💢 F	84 YRS. M	ONTHS DAYS	HOURS MIN.	May 3,19		ryland	
TOR	Maryland General			Baltimo		AIII /	Baltimo		
DIRECTOR	Maryand 106. COUNTY	IIA	10c. CITY	JOWN OR LOCAT	more			10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO	
FUNERAL	4035 Belle	Ave.		10f	21214	Ś	10g. CITIZEN OF	S A	
FUN	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 X NO			HC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No- 14. RA	CE — American Indian, ack, White, etc.	
D BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	,	1 🗆 YES	/		/ /	egro	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elemegtery/Secondary (0-12)		(Give kind of wo	rk done during mo-		166. KIND OF BUS	SINESS/INDUSTRY		
MP	6	0	War	tres	5	Kes	tauro	Int	
	17. FATHER'S NAME (First, Middle, Last)	moks			Mary	ME (First, Middle, Maiden	O M		
TO BE	19e, INFORMANT' NAME (Type/Print)	010	19b. MAILING A	DDRESS (Street	nd Number or Rural F	Route Number City or Tow	n, State, Zip Code)	1121201	
	20. METHOD OF DISPOSITION	en 2	Ob. PLAGE AND DATE OF	DISPOSITION (Na	me of	DATE/ 20c. LO	CATION - City of	Town, State	
	1 D Buriel 2 Cremetion 3 Remon		ementy rematory of other	Ori		3/4/96 La	nsdow	ne, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	I. Rus	2	3050 322	ph L		uneral Boli	Home 21216	
	23. PART V Enter the diseasea, or co	implications that caus list only one ceuse on	sed the death. Do no eech ilne.	t enter the mo	de of dylng, auci	h aa cardiac or respi	ratory arrest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Adult Res	pîratory D	istress	Synáron	ie		Onaet and Death	
_		Congestive							
017	Sequentially llat conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
SE	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR A!	S A CONSEQUENCE OF):						
CERTIFICATION	resulting in deeth) LAST					_			
AL 0	PART il. Other significant conditions	contributing to death	but not reaulting In	the underlying	ceuse given in	Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
						1 _ YES 2	No K	COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	IBUTE TO CAUSE	OF DEATH YES	□ NO □	UNCERTAIN			1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH	(Check only one)					
IXSI	1 YES 2 XNO	1 Inpetient 2 ER/O	utpetient 3 DOA	Nursing Hom		8 Other (Specify)	AL HERY COCHECO		
BY P	Natural 5 Pending Investigation	(Month, Day, Year		RY WO	RK?	28d. DEŞCRIBE HOW I	NJORY OCCURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, ferm, str pecify)	eet, lectory, offic		281. LOCATION (Street City or Yown, State)		el Route Number,	
COMPLETED		BAN: To the best of my kn						e(e) and menner ee stated.	
B	29b. SIGNATURE AND TITLE OF CERTIFIER  MUS KOOLI		m.,	,	29c LICENSE NUN 89263	ИВЕЯ	Pepru	en (Month. Day, You!) Pary 20,1996	
임	30. NAME AND ADDRESS OF PERSON WHO	aya, M.D.	c/o Maryla	and Gene	ral Hosp	oital			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI							
]	FEB 2 9 1996 Jahri	ductorken	all						



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR

	248-40-1025 9a. FACILITY NAME (If not institution, give	street and number)	O YRS.	b. CITY, TOWN (	OR LOCATION OF DEA			c. COUNTY	
CTOR	ST. AGNES HO	SPITAL		BALT	IMORE			1	N/A
DIREC	10a. STATE 10b. COUN		10c. CITY, TOWN OR LOCATION Baltimore					10d. INSIDE CITY LIMITS? 1 X YES 2 N	
ERAL	10e. STREET AND NUMBER 803 Walnut Av	enue		101. ZIP CODE 21229					OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, specify Cuben, Maxican, Puarto Rican, etc.)					RACE — American Indian Black, White, atc.  Specify: Black
PLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 10th	(Give kind of wor life, Do NOT use i	6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Driver			166. KIND OF BUSINESS/INDUSTRY Taxi			
COMP	17. FATHER'S NAME (F				18. MOTHER'S NAM	NE (First, Midd	lle, Maiden Sui	rname)	
BE (	William Beat	.у					radle	-	10550
2	19a. INFORMANT'S NAME: Harv	ey daughter	9 Tex		Avenue,		Offy or Town, S		*) 10553 non, NY
	20a. METHOD OF OISPOSITION  1 X Burtal 2 Cremation 3 Re 4 Donation 6 Other (Specify)	emoval from State 20b. i	PLACE AND DATE OF Itery, crematory or othe	r place)		DATE			or Town, State
3	21. BIGNATURE OF FUNERAL SERVICE		the zion		ND ADDRESS OF FAC	ETT &	SON	FUNE	e,Marylar ERAL HOME NUE 21207
	23. PART. Fig. the diseases, o shock, or heart fellus immediate CAUSE (Final disease or condition resulting in death)	. SEF	CONSEQUENCE OF):		FAI) U		or raspirat	ory arrest,	Approxima Interval Be Onset and
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C. DUE TO (OR							1 YE
ਹ	PART II. Other significent conditi	Dns contributing to death bu	it not resulting in	the underlyin	ig cause given in i	1	PERFORMI	ED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CO DF DEATH?
MEDICAL									
MED	DID TOBACCO USE CON					1 🗆			
SICIAN: MEDI	DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO		26. PLACE OF DEATH	(Check only one)			pecify)		
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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 9 5 State of Maryland / Department of Health and Mental Hygiene

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	Cartificate	6 Dooth		

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland

Baltimore, Maryland 21215-0020

an: The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760,

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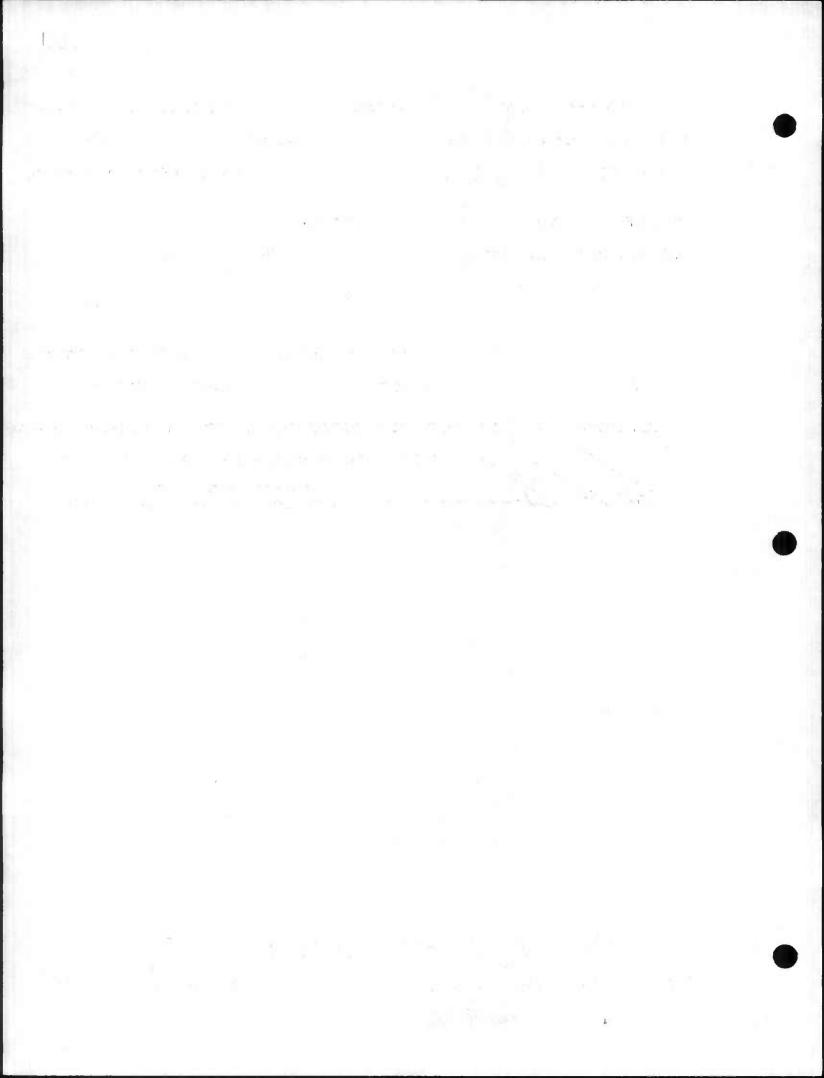
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State of Maryland / Department of Health and Mental Hygiene

						Certific	cate of	Death		Red	. No.			
			1. Decedent's Neme (First, Middle, La	ist)				_		2. Dete of Deeth			3. Time of I	Deeth
W.	Physic /Medi		STANLEY	ALEX	1	BLUMBE	ERG			FEBRUARY	26,19	96	6:1	.5am
	Exami		4e. Fecility Neme (If not institution, gir	ve street end number)				4b. City, To	wn, or Lo	cation of Deeth	4c. County of	of Deeth		
			6000 IVYDENE TER	RACE, APT.	C-1			BA	LTIM	ORE		N	/A	
	Funeral Director			Sex 7. Ag	e (In yrs. lest birt	Yrs. If U	Inder 1 Yeer oths Deys	If Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, Dey, Y APR • 11	1912 W	9. Birthple Count VEST.	ece (Stete or ry) VIRGI	Foreign
	yland		10a. Stete 10b. County		10c. City, Town	or Location						10	d. Inside City	y Limits
	Mai Tried	ctor	MARYLAND N	J/A			BALTI	MORE					1 X Yes	2 □ No
	₹ 28 E	S.	10e. Street and Number			10	f. Zip Code			100	. Citizen of W	hat Count	ry?	
	23a	Ta I	6000 IVYDENE TERF	RACE, APT.	C-1			21:	209		USA			
21215-0020	within 72 hours after death with the Maryland iene. Than "natural", or items 23a or 28s-f show the Medical Exeminer must be notified at	by Funeral Director	11. Meritel Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Amed Forces? 1 Days 2 1 If Yes, Give Yeer or Detes:	No		Wes Decedent of Hispanic Origin? (Spe f Yes, specify Cuben, Mexican, Puerto I 1 ☐ Yes 2 ☑ No Specify:			acify Yes or No- Rican, etc.)		- America c, White, e	etc.	
5-0	72 ho	Completed	15. Decedent's E (Specify only highest gr	ducation	16e.	Decedent's	Usuel Occup	petion	of worki	16	b. Kind of Bus	siness/Ind	ustry	
121	u u	nple	Elementery/Secondery (0-12)	College (1-4or 5		Tife. DO NO	OT use retire	d)	OF WORK	ng				
		Co		5+		AUTHOR	R / IN	VENTO			ITERAR		SCIENT	PIFIC
Maryland	S a b S	Be	17. Father's Neme (First, Middle, Last ALEX	)	DE		7	18. Mothe	r's Nsme	(First, Middle, Ma				
ž	d 2 should be f th and Mental I 7 is marked of traumatic eve	10				UMBERO				FANNIE		ROSS		
Ma	475		19e. Informent's Neme/Reletionahip							il Route Number, C	city or Town, S	itete, Zip	Code)	
Baltimore,	permit. Pagas 1 and 3 Department of Haaith Important: If Item 27 i any injury or other tr. once.		MRS. BERTHA K.  20e. Method of Disposition  Buriel 2 Cremus on 3 D  4 Donetion 5 Doner (Special	Removel from State	20b. Plece of cemeter	Disposition y, cremetory	(Neme of or other pie	ce)			C. Location - C	City or Tov	wn, State	
alti	permit. Pag Department Important: It any injury o		21. Signature of Pineral Service Line	1500		7	e end Addre			2 20 43.	, C Dill	1110	KB/ HB	,
m	Deparition of the population o		1 Bon La	1						& BROS.,				
	Physician		23a Jart1. Enter the disease of con shock, or heart failing. List only	etions thet caused one ceuse on each lis		ot enter the	mode of dyl	ng, such es	cardiec c		1		21215 Approximate Intervel Betw Onset end De	veen
И	/Medical Examiner		Immediete Ceuse (Finel diseese or condition		ON CHE	57 3	TURE	HEA	Ri	FATC	URF		2/2	YRS
	Examine	L	resulting in deeth)	0.	Due to (or es a c	onsequence	of):			^				
	be sit	ine		b	DRON	ARY	H	ETTER	4	DISE	4SE	- 17	10 K	32
	certificata be executed nding physician and use as tha burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate		Due to (or ea e c	onsequence	of):							
09	be e Sician buria	iei E	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events	C										
68760,	ficata phys s tha	edical	resulting in death) Last	I	Due to (or es e c	onsequenca	of):					İ		
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Bo	or its	Physician/	Dod II. Other significant conditions	and allowed to a decide by		Ab d - d - d	la =	1.0.41		L enc process				
0	that tha de ed by the a detached	hys	Pert II. Other significant conditions of	ontributing to death bi	ut not resulting in	the underly	ing cause giv	/en in Pett I.		23b. Did tobe	Y		the cause of ably 4 □ U	
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ecord	law requir as been s 2 should	Completed t						· · ·		24e. Wea en a performe	utopsy d?	con	re autopsy fir lleble prior to apletion of ca leath?	
H	a co	5								1 ☐ Yes	200 No	1 🗆	Yes 2 N	No
/ita	delan: T	o Be	25. Wes case referred to medical exeminer?					28. Piece	of Deeth	(Check only one)				
5	Physician; this certific ral director,	r⊢	1 ☐ Yes 🏖 No	Hospitel: 1 ☐ Inpatie		patient 3	DOA Oth	4 🗆 Nu	rsing Hor	ne Sa Residenc	e 6 Other	r (Specify)	)	
L C	Affect fundra	on	27. Menner of Death 1 Neturei 5 ☐ Pending	28e. Dete of Injui (Month, Da)		jury	28c. Injui			28d. Describe how	Injury occurre	d		
O					M 1 Yes 2 No  At home, ferm, street, fectory, office 28f. Location (Street and Number or Rural Route Number,						er,			
	the Hospital in 24 hours a the Funeral C	edical	onej 2 Medicai Exan	ysician: To the best on niner: On the basia of end menner ste	examinetion end	deeth occur /or investige	rred et the tir stion, in my c	me, dete end plinion, deet	d pieca, a h occurre	and due to the caused et the time, dete	se(s) and man end place, ar	ner as ste nd due to	ited. the cause(s)	
	To the within 2 To the compla	Σ	29b. Signature and title of certifier	1	/		29c. Licens	e number		29d	Dete signed	(Month, D	ley, Year)	
	0		1/400	me	7	11)	DI	931	7		1/	26/	76	
	17		30 Name and address of person who BORTS KIR 2	WER, L	eeth (Item 23e) (1	Type, Print)	DC	our	8	RD B	acro y	26	2120	18
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registre	r's Signeture	•								



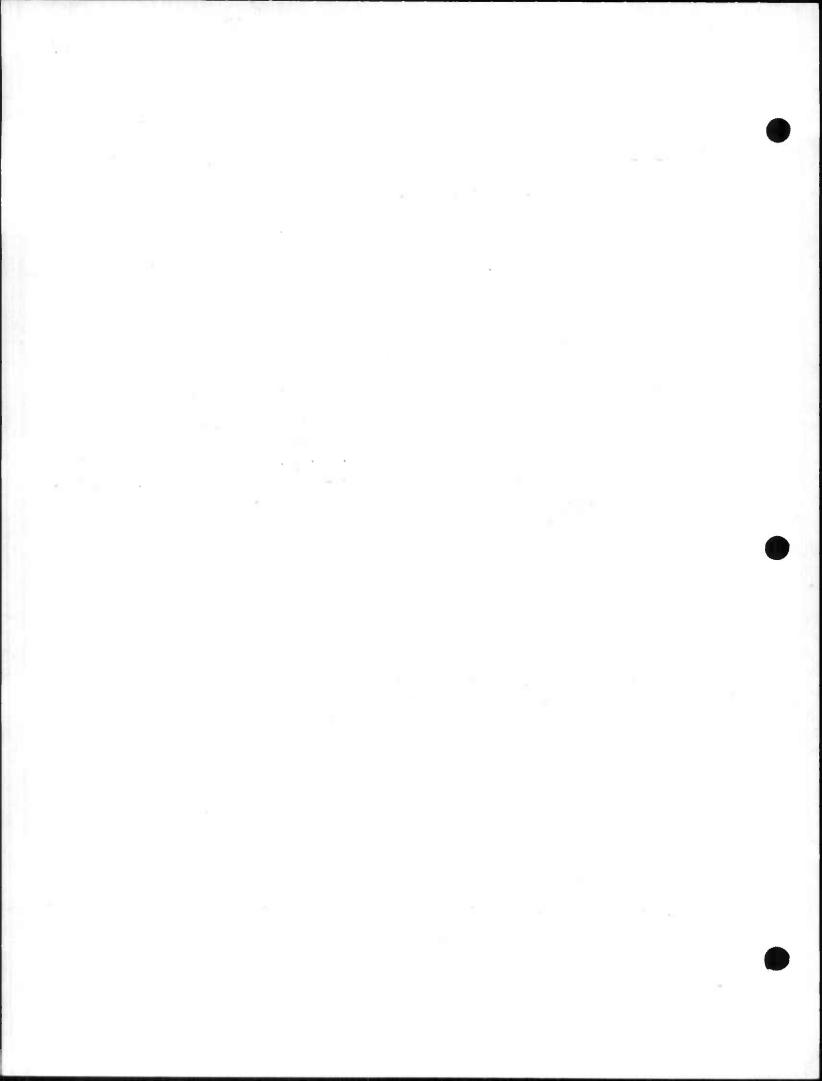
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENI REG. NO.
Last)		2 DATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H			GIENE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	3. TIME OF DEATH			
		Margaret	Buc	ci		Februa	ru 24. 19	7:32 PM M			
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH B.	BIRTHPLACE (State or Foreign			
	204~07~0561		78 YRS. MONTHS DAYS HOURS MIN. May 15,1917								
DIRECTOR	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  10 has Hopkins Bayview Medical Ctr. Baltimore City  10 has Hopkins Bayview Medical Ctr. Baltimore City										
2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			TOWN OR LOCAT	ION			10d. INSIDE CITY			
<u>E</u>	Maryland	Baltimore		101111 011 2001		uson		LIMITS?			
	10e. STREET AND NUMBER	Buccomorte		1 400	ZIP CODE	JSON	100 CITIZEI	N OF WHAT COUNTRY?			
RA	305 East Joppa Ro	ad Ant En1		1	212	201		ed States			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DEC	ENDENT OF NISPAN			I. RACE American Indian,			
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuben, Mexica	n, Puerto Ricen, a		Stack, White, etc.			
B	3) Wildowed 4 Divorced	IF TES, GIVE WAN ON DA	IIES	1 7 452	2 X NO Specify	<i>f</i> :		Specify: White			
8	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND	OF BUSINESS/INDUS	TRY			
買	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	at or working						
Mg	12 Years		Ho	nemaker			Own Home				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,	Maiden Surname)				
BE (	Jenks Woodman				Flore	nce Kri	isen				
0	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a	nd Number or Rural i	Poute Number, City	or Town, State, Zip Co	ode)			
-	Margaret Hepbur		116 B	auside 1	Drive Du		Maruland	21222			
	20s. METNOD OF DISPOSITION 1X Burlel 2 Cremetton 3 Remo	val from State cem	PLACE AND DATE O	rer place)		1	ROC. LOCATION - CH				
	4 Donation 5 Other (Specify)		hitemars	h Mem.	Pk. 2/28,	196 1	Prospectu	ille, PA			
	21. SIGNATURE OF FUNERAL SERVICE LICE  ACRES	DO DO			Duch Fu		imp of Du	ndalk, Inc.			
	Johnny L.	FLOCE						uland 21222			
$\neg$	23. PART WEnter the diseases, or conshock, or heart feiture. L			ot enter the mo	de of dying, suc	h aa cardiec o	respiratory arrea	it, Approximate			
	IMMEDIATE CAUSE (Final	100,000,000						Interval Between Onset and Death			
	disease or condition resulting in death)	disease or condition Munoandial Tulanation									
			CONSEQUENCE OF								
Z	Sequentially liet conditions, b.										
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	):							
5	CAUSE (Diseasa or Injury	DUE TO (OR AS A	CONSEQUENCE OF	١.							
Ē	thet initieted events resulting in deeth) LAST	702 10 (011 110 11	OUTOLOGIA OF	,•				İ			
CERTIFICATION				-1-							
AL	PART II. Other eignificant conditions	-			g cause given in	Part I. 24s. \	MAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
20	1) Diabetes Me			ion		10	YES 2 X NO	COMPLETION OF CAUSE OF DEATN?			
ME		ypercholeste						1   YES 2   NO			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR				UNCERTAI	N 🗆					
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	N (Check only one)							
YSI	1 TYES 2 XNO	1 N Inpatient 2 - ER/Outp		4 I Nursing Non	e 5 🗌 Residence		**				
PH	27. MANNER OF DEATN  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	JRY WO	RK?	29d. DEŞCRIBE	NOW INJURY OCCUI	RED			
BY	2 Accident Investigation	28. DI ACE OF IN HIM	At home from at	M 1							
E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	At nome, term, at ify)	treet, fectory, offic		City or Town	(Street and Number or n, State)	Rural Route Number,			
COMPLET	29a. CERTIFIER										
MP	(Check only	CIAN: To the best of my know									
8	2 MEDICAL EXAMINE	I: On the basis of examination	and/or investigation	n, in my opinion, o	lesth occured at the	time, data and p	lace, and due to the o	cause(s) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	2			29c. LICENSE NUI		0 1	SIGNED (Month, Day, Year)			
2					95008		Pher	oruary 24,1996			
-	30. NAME AND ADDRESS OF PERSON WHO WA-HOOGERWERF	imp Johns	HOPKIN	S BAGV	EW 48	40 EAS	TERN AVE	BALTIMORE MO			
	31. DATE FILED (Month, Day, Wear)  FEB 2 9 1996  Jack Dauder Land										



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bundl, cremation, or removal.	IMPORTANT If He 28 is marked or He  23 shows any injury, or other traumatic event, the medical examiner must be notified at or

	FOR STATE REGISTRAR		STATE OF N			RTMENT OF			MENTA	L HYGIEI REG. NO			
	1. DECEDENT'S NAME (Flost, BEVER		ELIZA	ВЕТН	BRE	BRESNAN				of DEATH C	YEAR	3. TIME OF DEATH  12:36Pm	
	4. SOCIAL SECURITY NUME 219-22-515		5. SEX	6. AGE (In yrs	s. leal birthday) YRS.	MONTHS DAY		R 24 HRS. MIN.	(Monti	OF BIRTH h, Day, Year)	1929	Country)	LACE (State or Foreign
0.0	9a. FACILITY NAME (If not in		Continue Concess.			9b. CITY, TOW			EATH		9c. COUN	TY OF DEA	ATH
DIRECTOR	6416 Laure	elton	Ave.			Balti	more !	City				N/A	
IRE(	10a. STATE	10b. COUNT			10c. CI	TY, TOWN OR LO	CATION		D = 0 +	tura tra	0:4		IOd. INSIDE CITY LIMITS?
	Maryland N/A  100. STREET AND NUMBER  6416 Lawrelton Avenue						10f. ZIP COI		bacc	imore			YES 2 NO
ERA									2121	4			States
10. STREET AND NUMBER  6416 Lawrelton Avenue  11. MARITAL STATUS 1 1 Nover Married 2 Married 3 Widowed 4 Divorced  12. Was Decedent ever in FORCES? 1 Yes IF YES, GIVE WAR OR DAT					NO	If yes	ECENDENT specify Cub	en, Maxic	an, Puarto	t? (Specify Ye Rican, etc.)	es or No—	14. RACE - Black, Specify:	- American Indian, White, stc.  White
G		EDENT'S EDU		16a	(Give kind of	S USUAL OCCUP		ing	166	. KIND OF BU	J\$INESS/IND	USTRY	
COMPLET	Elementary/Secondary (0 12 Years	-	College (1-4 or 5	-)	Cafet	eria Wo	rker			Ŧ	ood I	ndus:	try
	17. FATHER'S NAME (First, M									Middle, Meide La Dax	,		
BE	John J. Br				19b. MAILIN	G ADDRESS (Stre			_			Code)	
10	Brian Bres				4706	Leight	ield	Vall	ey D	r. Cho	intill	y, VA	4 22021
	20a METHOD OF DISPOSIT		noval from State	20b. PLA cemetary	CE AND DATE	OF DISPOSITION	(Name of	1011	DAT	E 20c. L	OCATION —	City or Town	n, State
1 th Burial 2   Cremation 3   Removal from State   Cemetary, crematory or other place)   4   Donation 5   Other (Specify)   Parkwood Cemetery 2/26/1996   Baltimore,													
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):					DF): \	lun	g g	ch aa car	diac or reap	piratory arr	eat,	Approximate interval Between Onset and Death
	resulting in death) LAS  PART II. Other algorifica	-	d,	death but o	not resulting	in the underl	dog cause	alven in	Part I	240 WAS A	N ALITOPSY	24h Y	WERE ALTTORY ENDINGE
MEDICAL				_							PRMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	DID TOBACCO U		KIBUTE TO CA			TH (Check only o		CERTAI					
SIC	EXAMINER?		HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER: 4 Nursing I	Iome 5 M	residence	6 🗆 Othe	er (Specify)			
PHY	27. MANNER OF DEATH	Pending	28s. DATE OF (Month, L		28b, TII	JURY	INJURY AT WORK?		28d. DE	SCRIBE HOW	INJURY OC	CURED	
ED BY	2 Accident	Investigation Could not be detarmined		otc. (Specify)	At home, farm,	streat, factory, o	YES 2	∐ NO		CATION (Street or Town, State		or Rural Ro	ute Number,
COMPLETED	opel only		ICIAN: To the best of										and menner as stated.
O BE CC	29b. SIGNATURE AND	t V	alle	100	Hel	mi)	_	155			1		Month 10 m Year)
Ĕ	Walter Kop	opel, l	M.D. 190	0 E.		o, Print) rn Park	way	Suit	e 207	B	alto	, N	11) 21239
	FEB 2 9 1996 Jahr Willer Render												



BALTIMORE, MARYLAND 21215-0020

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examiner

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or item 23 shows any injury, or other traumatic event,

MPORTANT: If item 28 is marked,

30. NAME AND ADDRESS OF PERSON

31. DATE FILEO (Month, Day, Year) FEB 2 9 1996

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th certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	mpletel	with the State Dept. of Health and Mental Hygiene prior to burial, cremation
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PHYSICIAN:	Is certificate	th the
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH February 7.45 PM 7. DATE OF BIETH (Marth, Dev. 15er) 11-15-50 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Maryland 217-54-1392 1 M 2 F 45 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Church Home and Hospital N/A Baltimore DIRECTOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10b. COUNTY 10a, STATE 10d. INSIDE CITY LIMITS? N/A Baltimore MD. 1 YES 2 NO 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? BY FUNERAL 21217 U.S. 2201 Brookefield Avenue 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuben, Mexican, Puerlo Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 Never Married 2 Married Specify: Black 1 YES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 10e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Construction Laborer 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Jerome Blue Florence Tibbs BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2201 Brookefield Ave. Balto., MD. 21217 Inez J. Blue METHOD OF DISPOSITION
Burlel 2 Cremation 3 | Removal from State
4 | Dengtor 5 | Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Arbutus Memorial PK. 2/28 Arbutus, MD. OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe St. Redd Funeral Service Balto., MD. unived 23. PART I. Enter the diseases, or compilications that baused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL **EXAMINER?** 1 | YES 2 | NO N Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNEB OF DEATH 28d, DESCRIBE HOW INJURY OCCURED 1 Netural Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be BE COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND ATLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morgh, Day, Year) 96 2

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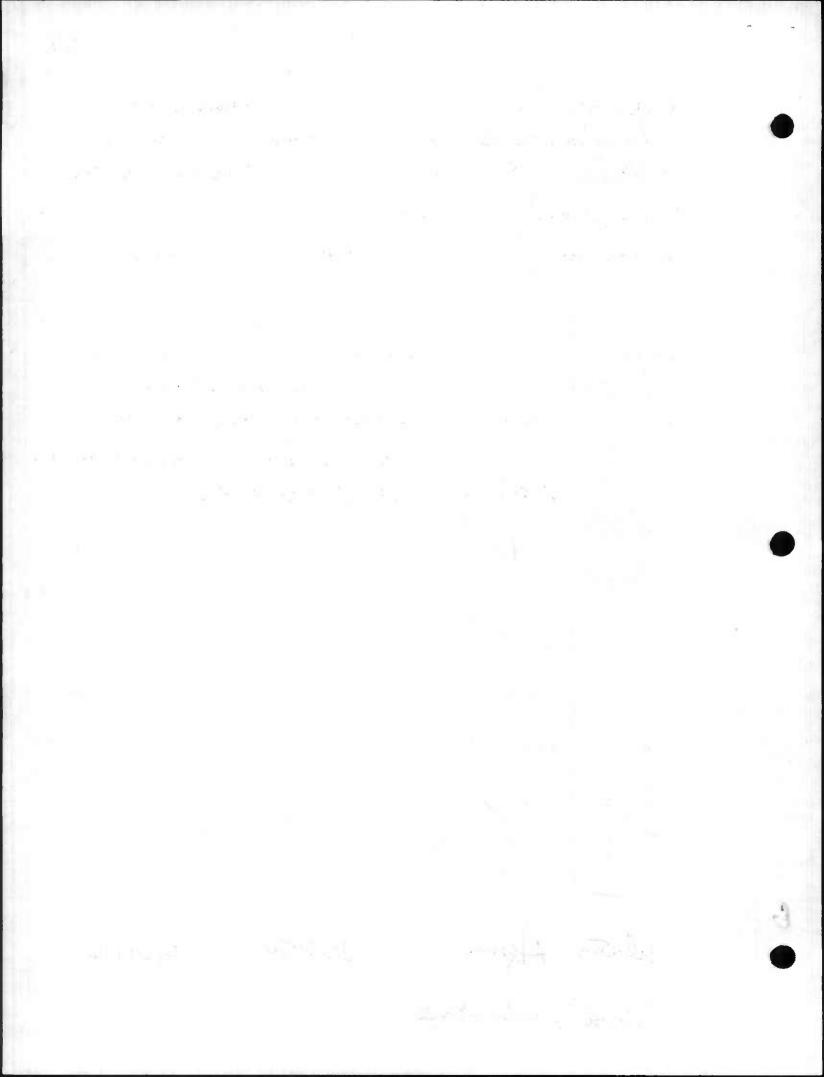
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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are segible 5604 State of Maryland / Department of Health and Mental Hygiene

				Otato of Ini	ary lariar i		icate of	Death	, ,	eg. No.		
			1. Decedent's Nema (First, Middla, Las	st)					2. Date of Daet		7.7==	3. Time of Death
	Physici /Medi		Carolyn Louise B	roadfoot					Month February	27, 199	Yaar 96	2:40 AM
	Examir		4e. Fecility Nama (If not institution, give	street and number)				4b. City, Town, or I		4c. County	-	
			Greater Baltimore	Medical	Center			Towson		Balt	imore	
	Funeral Director		5. Social Sacurity Number 6. S 214-20-4862		a (In yrs. last bi		Under 1 Yeer onths Deys		8. Deta of Birth (Month, Day, September	Year) 16,1925	9. Birthpla Country Mary]	ca (Stata or Foraign y) and
	pur		Usual Rasidanca of Decedant  10a. Steta 10b. County		10c. City, Tow	m or I coath	00				10.	d to the Object to the
	e Maryla la-f sho	ctor	Maryland Baltim	ore	Woods		Off				100	d. Inside City Limits 1 ☐ Yes 2 No
	th th	ire	10e. Street and Number			1	10f. Zip Coda		10	0g. Citizan of V	Vhat Countr	y?
	th wi	aic	3413 Essex Road				21207	7		U.S.A	•	
020	s 1 and 2 should be filed within 72 hours after deeth with the Maryland I Heelth and Mental Hygiena. I then 27 is marked other than "natural", or items 23s or 28s-f show then traumstic svent, the Medical Exercicet must be notified at	by Funeral Director	11. Marital Status  1 □ Nevar Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forcas? 1 ☐ Yas 2 Xi If Yas, Give Yeer or Datas:			Decedent of hes, specify Cub	Hispenic Origin? (S en, Maxican, Puart Specify:	pecify Yas or No- o Rican, etc.)		a - Amaricar k, Whita, et	
0	2 ho	P P	15. Decedant's Ed	ucation	16a	. Decedant	's Usual Occup	petion		16b. Kind of Bu	sinass/Indu	stry
Maryland 21215-0020	2 should be filed within 7 and Mental Hygiens. Is marked other than "n sumatic svent, the Med	Completed	(Specify only highast gra Elemantary/Secondary (0-12) 12 Years	da <i>completad)</i> College (1-4or 5		(Giva kind   lifa. DO   ousew		during most of wor d)	king	Her ow	n hom	e
D	Hyg other ent,	BeC	17. Father's Nama (First, Middla, Last)					18. Mothar's Nan	ne (First, Middla, A			
lan	ld be ental ked c	To B	Harry F. Shipley					Cather	ine S. G	roomes		
37	mer mer	-	19a. Informant's Name/Raiationship (1	ype, Print)	198	o. Mailing A	ddrass (Street	t and Number or Ru	ral Routa Number	. City or Town.	Stata. Zip C	code)
	and 2 selth a n 27 is er trac		Mr. Gordon D. Bro	adfoot				Road Ba			207	,
re,	Heelth tsm 27 other tr		20a. Mathod ot Disposition		20b. Place	f Dispositio	on (Nama of		Data :	20c. Location -	City or Tow	n, Stata
Baltimore,	permit. Peges 1 and Department of Heelth Important: If Itsm 27 eny Injury or other tr once.		1 ☐ Burial 2 ☐ Crametion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify				ony or other pla	n Service	2/28/06	Hampat	ond N	Maryland
	it.		21. Signetura of Funerei Service Licen		Callo		ama and Addre		2/20/90	пашръс	eau, I	laryrand
Ba	permit. Peges Department of I Important: If Its eny Injury or of		DO. V	109/	>	Lor	ing Bye	ers Funer	al Direct	tors, I	nc.	
			23a. Ptv 1. Entar tha diseesa, or comm	olibations that caused	the daeth. Do			cty Road				1133
	Physician <sup>1</sup>		23a. 1. Entar tha diseesa, or composition of heart tailura. List only to	ona cause on each li	na.				and the product of th		11	nterval Between Onset and Death
	/Medical		Immediata Causa (Final	ASPIR	10010	. )						1 4n
	Examiner		disease or condition rasulting in death)									
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of Vital Records,	The law requires thet the deeth cer ste hes been signed by the ettendin page 2 should be deteched for use	d by	MULTIPLE SO	V KARSIS					24a. Wes er	n autopsy	24b. Ware	autopsy tindings
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\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Physician: this certificant of director,	o Be	25. Was casa rafarred to madical examinar?	Hospital:			- Ott	ner	ith (Check only on			
of	등 등 등	-	1 Yaa 2 No 27. Manner of Death	1 Inpatia 28a. Data of Inju		utpatient 3 Tima of	DOM I	→ □ Nuising n	oma 5 Resida 28d. Dascribe ho		1, 7,	
UC.	ding Ph h. After th funeral	ion	J Waturai 5 □ Panding	(Month, Day	Year)	Injury	28c. Injui Wor M 1 □	rk?  Yas 2 □ No	20d. Dascribe flo	w injury occur	ed	
Sic	Attending ir deeth. ector: After by the fune	cal	2 Accident invastigation 3 Suicide 6 Could not be	28e Place of Init	un. Albama ta			185 2 190	20t Location /Ct	root and Alumb	ne as Duent I	Pouto Akumbar
Division	or Attendation after deet Director: d in by the	Certification:	4 ☐ HornicIda datarmined	28a. Place of Injubulding, ato	c. (Specify)	ami, straat,	ractory, office		28t. Location (St. City or Town	n, Stata)	er or nurarr	Youre Number,
1	To the Hospital or Attent within 24 hours after deet There Funeral Director: completely filled in by the	edicai C	29a. Cartifiar (Check only one) Certifying Phy 2 Medical Exam	relcian: To the bast of iner: On the basis of and manner ste	axamination an	a, daath occ d/or tnvesti	curred at tha tili gation, in my d	ma, data and piece opinion, daath occu	, and dua to tha ca rred at tha time, da	ausa(s) and ma ata and place, a	nnar as stat and dua to ti	ed. ha causa(s)
	within the complex	Me	29b. Signatura and titla ot certitiar				29c. Licans	sa number	25	9d. Data signed	Month, Du	ay, Year)
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			30. Nama and addrass of person who o	TII - 2	20/ F	CLDER	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	L ROAD	- Phope	U M	10 1	1121
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				GIENE G. NO.						
	1 DECEDENT'S NAME (First, Middle, Last)	Crawfor				2. DATE OF DE	26	3. TIME OF DEATH 12, 50 PM					
	219-07-0384	5. SEX 8. AGE	YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIF (Month) Day.	11, 1919	BIRTHPLACE (State or Foreign Country)					
TOR	98. FACILITY NAME (If not institution, give str S+ 9 ncs RESIDENCE OF DECEDENT	2+05pi+	2 1	Baltin	NOYC	ATH '	9c. COUNTY	OF DEATH					
DIRECTOR	10e. STATE 10b. COUNTY	N/A	Ba	Hmo	-10			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 22 Robert	s Avenue		101	ZIP CODE 21228	3	10g. CITIZEI	N OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. APMED FORCES? 1 YES 2 NO If yes, specify Cyben, Mexicen, Puerto Ricen, etc.) 14. RACE — Americal Marital Status 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Hispanic Origin?) 14. RACE — Americal Marital Status 16. White and the specify Cyben, Mexicen, Puerto Ricen, etc.) 17. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Hispanic Origin?) 14. RACE — Americal Marital Status 16. White and the specify Cyben, Mexicen, Puerto Ricen, etc.) 17. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Hispanic Origin?) 14. RACE — Americal Marital Status 18. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Hispanic Origin?) 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 18. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 19. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 19. Was DECENDENT ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 19. Was DECENDENT ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 19. Was DECENDENT ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 19. Was DECENDENT ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 19. Was DECENDENT ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 19. Was DECENDENT ORIGIN? (Specify Yes or No-Hispanic Origin?) 16. RACE — Americal Marital Status 19. Was DECENDENT ORIGIN ORIGIN ORIGIN? (Specify Ye												
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (14 or 5 t)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo	N st of working	0.	OF BUSINESS/INDUS	STRY					
	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Company of the Comp												
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AD	1		Pouto Number, CH	y or Town, State, Zip Co	ode)					
	20a, FETHOD OF DISPOSITION  1 Burtal 2 Cremation 3 Ramo	oval from State Ges	D. PLACE AND DATE OF E prefery, cremetary or other LT EST CAW	DISPOSITION (Na			20c. LOCATION — CIT	by or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LIC		Howan	ec (0, 1110c									
	23. PART I Enter the diseases, or capack, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	ech lina.				r respiratory arrea	Interval Between					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
AL	PART II. Other significent condition	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?											
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
SICI	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Pinpetlent 2 ER/Out	0	THER:	a 5 🗆 Realdence	6 Other (Spe	cify)						
	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	26b. TIME OF INJURY AT WORK?  M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED						
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datamined	(Street and Number or rn, State)	r or Rural Route Number,										
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
BE	296. SIGNATURE AND TITLE OF CHEMPLE	"h" That	f n.	D,	29c. LICENSE NUI	MBER 777		2/26/96					
TO	1303 FYE	Lrick R	9 69		VILLE	2 2	1228	md					
	FFR 2 9 1996												

# Item 15, per F.H. G-732 6/17/96 dd Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 5606

Physici	an	I tem: 20b er  1. Decedant's Nama (First, M	liddle, Last)	1 -	1				2. Data of Dea Month	Day Th	Yaar	3. Tima of Dea	
/Medio	cai	Edd1  4a. Facility Nama (If not instit		umber)			4b. City, To		rebrua cation of Death	14c. County	1996	12-An	
Examili	ier	BON SECOUR					BALT	IMOR	E	N/A	0,000,		
Funeral Director		5. Social Sacurity Number 249-16-4564	6. Sex 1⊈ M 2□ F	7. Aga (In yrs. Ia 78	M	Undar 1 Yas		24 Hrs. Min.	8. Data of Birth (Month, Dey 12-29	Year) -17	9. Birthpla Countr S	ce (Steta or For	
2 A		Usual Rasidance of Decedan  10a. Stata 10b. Con		10c. City	, Town or Locati	on		-			10	d. Insida City Lir	
/z. Hours after death with the maryland natural', or items 23a or 28a-f ahow bical Examiner mast be notified at	ţō	MD N/F	1	BAL	TIMORE	2						1 XYas 2□	
	lec	10e. Street and Number			1	10f. Zip Code	)		1	0g. Citizan of	What Countr	y?	
23	ral	3931 DUVAI	LL STREET			2121	5			U	SA		
natural, or items	by Funeral Director	11. Marital Status  1 Nevar Married 2 1 1 2 1 3   Widowed 4   Divor	Armed F Varried types G	cedant Evar in U,S Forcas? 2 □ No iiva Datas ○ 4 / 4 4	It Ya	Decedant on the second of the	Jban, Maxicei	n, Puarto	ecify Yas or No- Ricen, atc.)		ca - Amarice ck, Whita, a		
natural',	Pg	15. Dece	dant's Education		16a. Dacedent	's Usual Occ	upation			16b. Kind ot B			
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Hygiene. ther than o	S	UNKNOWN	UNKN	OWN	BUSIN	1ESS	OWNE				EMPLO	Υ	
aver H	Be	17. Fathar's Nama (First, Mid					1		(First, Middle,	Meiden Sumen	na)		
nd Me mark	P	DAVID BR  19a. Informant's Name/Ralet	OWN		19h Mailing A	ddrass /Stra	ROS		BROWN  I Route Numbe	City or Town	State Zin (	Codel	
27 is r trau		RENAY ALEX		Suardia									
Her Item		20a. Mathod ot Disposition		20b. Pi	ace of Disposition	on (Neme of			/ Pate / 1/96		on - City or Town, Stata		
ant: If		1 XBurlal 2 ☐ Cramati 4 ☐ Donation 5 ☐ Otha		Stata	RRISON				28-96	Owing	s Mil	ls,MD	
penint. Toges I and a should have writing the penalty and Mentel Hygiene. Important: If Item 27 is marked other than any injury or other traumatic avent, the Medice.		21. Signatura of Funaral San	rice Licansee				Irass of Facili		5 E/II	DA			
10 5 6 8							P. W		STREET	PA 2121	7		
		28a. Part1. Entar tha disaasa shock, or haart tailura.	t, or complications that List only ona causa on	causad tha daath aach lina.	. Do not antar th	na moda of d	ylng, such as	cerdiac o	r raspiratory are	ast,		Approximata ntarvai Betwee	
hysician /Medicai xaminer		Immediata Causa (Final disaasa or condition rasulting in death)	a. Res	pirats	ry fa	ilup	و				i	Onsat and Dea	
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dansit	Examiner	Sequentially list conditions	b. Ph	lum 6	as a consequen	- Cardiac arrhy)hmia unkhy							
ohysician end the bunal-transit	Exe	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants	So	oti con	2 1 6	501	size		9			enku	
physician the buria	dicai	that initiated evants rasulting in death) Last	c3C	Dua to (or	as a consequan	ce of):	-262			D. 1.		- HIVE K	
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by the tached	ysl	Part II. Other eignificant cond	ditions contributing to	death but not rasul	ting in the under	rlying ceu a	givan in Part i	i.		obacco usa co			
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within 24 hours efter deeth.  To the Funeral Director: After this certific, completely filled in by the funeral director,	Certification:	2 Accident invastigation   M   1 Yas 2 No   3 Sulcida   6 Could not be detarmined   28e. Placa of Injury - At homa, farm, streat, fectory, office   28f. Location (Street end Number or Rural Fig. City or Town, State)   28f. Location (Street end Number or Rural Fig. City or Town, State)								Route Number			
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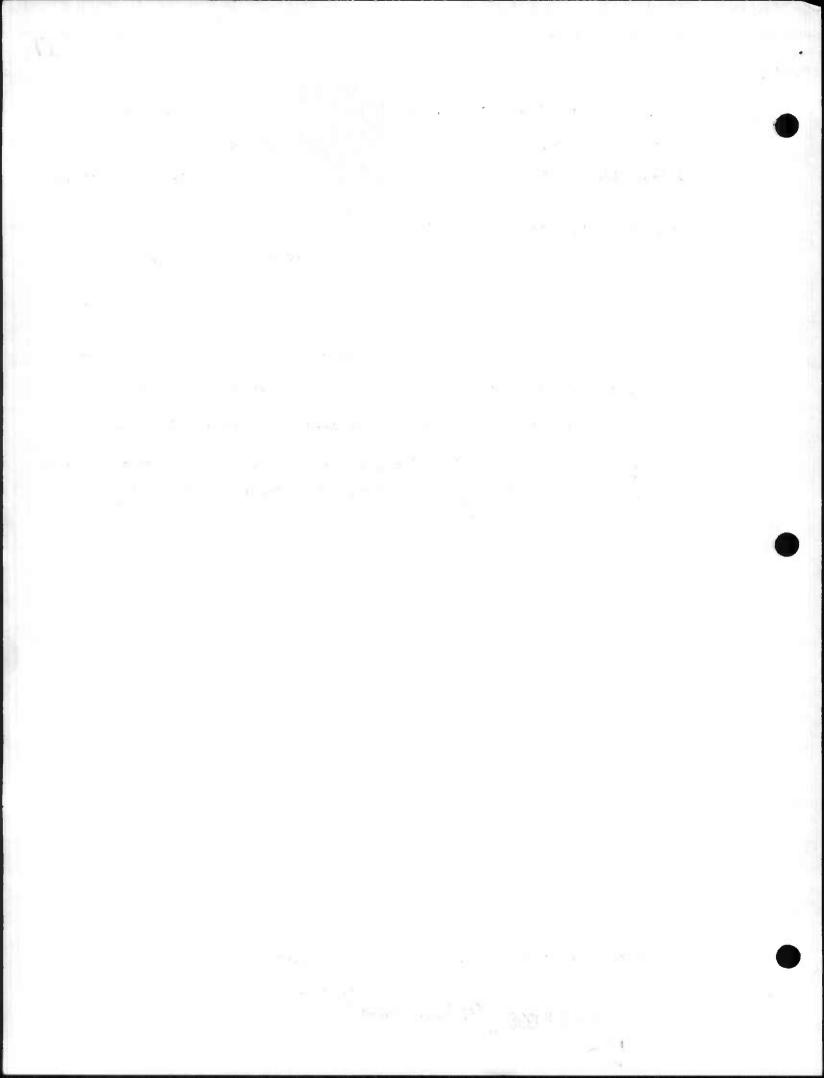
ITEMS: 4b,10c, PER F.H. FILM
G-732 2/29/96 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.
State of Maryland / Department of Health and Mental Hygiene

	b-/32 2	729	0/96 t.t				C			Death		Reg. No.			
1	Physic	ian	1. Decedent's Name (First, Mi	ddle, Las	t)						2. Date of De Month	eath Day	Year	3. Time of Death	
	Physic /Medi		James H	rank	lin ]	)olle	, Jr.				Feb.	25	Day Year 1996 5  Ic. County of Deeth Baltimore  9. Birthplace (St County)  10d. Inside 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	513000	
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	aryland show id.at	24	10a. State 10b. Cou			10c. C	ity, Town or	Location					10	od. Inside City Limits	
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	ter death with the Maryla finers 23a or 28a-f shor iner must be notified at	al Director	6823 Parson Ave.					10f. 2	ip Code	212	07	2017		•	
	E B 6	Funeral	11. Meritel Status		12. Wes Decedent Ever In U, Armed Forces?		J,S. 1	3. Wes Dec	edent of	Hispenic Origin? (S ban, Mexican, Puerl		-	14. Rece - American Indian,		
020	5.72 hours after death with the Maryland "natural", or farms 23s or 28a-f show officel Examiner must be notified at	þ	1 Never Married 2√2 N 3 Widowed 4 Divord	ried 2√2 Married 1 ☐ Ye		2⊠No iive 1 ☐ Yes 2					o Rican, etc.)				
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Maryland 21215-0020	within 7, ans. than "n	Completed	(Specify only hig Elementary/Secondery (0-1)	hest grad	t grade completed)  College (1-4or 5			Decedent's Uaual Occupation (Give kind of work done during life. DO NOT use retired) Core Maker			king				
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	s 1 and 2 f Health a them 27 is other tra		Mrs. Virginia	C.	DOTTE	001				venue Ba					
Baltimore,	80-2		20a. Method of Disposition  1 ☒ Buriel 2 ☐ Crematic  4 ☐ Dopetion 5 ☐ Other			0	Placa of Discom <i>etery</i> , of odlaw			- 1	Feb. 29				
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	Examiner		disease or condition resulting in death)		e. SGUUN					10 -	Lung				
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S, D	requires thet tha de seen signed by the a hould be detached t	by Ph	Emphysuma								1 🗆	Yes 2□ No	3 Prob	ably 4 Tunknow	
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ō		7: T	27. Manner of Deeth		28a. Date of In (Month, L		28b. Time		28c. Inju			how injury occu		7	
6	After After	tlor	1 ☑Naturel 5 ☐ Pen 2 ☐ Accident inve	ding stigation	(Month, L	ay Year)	Injur	y M		ork? ]Yes 2 □ No					
Division	Hospital or Attending     A hours after death.     Funeral Director: Attentaly filled in by the furn	Certification:	3 Suicide 6 □ Cou		OB COS Place of Injury At home 4						281. Location (Street and Number or Rural Route Number, City or Town, State)				
	To the Hospital withip 24 hours a TO the Funeral completely filed	edical Ce	29e. Certifier 1 Certif	e. Certifier  (Check only)  Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and menner established to the cause of the time, dete and place, and due to the cause of the time, dete and place, and due to the cause of the time, dete and place, and due to the time, dete and place, and due to the time, dete and place, and due to the cause of the time, dete and place, and due to the cause of the time, dete and place, and due to the cause of the time, dete and place, and due to the cause of the time, determine the ti								nenner es st	ated.		
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	/		cele	16	lus		M	,	D	29085		Feb :	00 1	991	
			30. Name and address of pers	on who co	ompleted cause of	deeth (Ite	m 23a) (Typ	e, Print)							
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DHMH 16 Rev 6/95





**Funeral** 

Director

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other traumatic event.

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Records, P.O.

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2 should be filled within 72 hours after and Mental Hygiene.

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#### Item1 2-29-96 FilmG732 W.H.Per F/H

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 05608

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Dereke 3. Time of Death Edmonds Sr. **Physician** DWAYNE 1996 1713PM FEB. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** JOHNS HOPKINS HOSPITAL BALTIMORE If Under 1 Year Months Days 8. Date of Birth (Menty, Day, Year) 1966 5. Social Security Number If Under 24 Hrs. 6. Sax 7. Age (In yrs. last birthday) 9. Birthplace (Steta or Foreign Baltimore, MD Months Hours X ■ M 2 ■ F 29 Yrs 281-86-8088 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Baltimore n/a 1 Xas 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? CEDONIA 5514 AVENUE 21206 UNITED STATES 12. Was Decedent Ever in U,S. Armed Forcas?

1 Yes 2 No 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. 1)∑Never Married 2 Married 1 ☐ Yes ŽŒNo BLACK Specify: by 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Self-employed 12 th Entepreneur 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) MELVIN DELANO EDMONDS FREDDIE MARSHALL 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) FREDDIE BRADSHER 5514 AVE., BALTIMORE, MD# CEDONIA 20b. Placa of Disposition (Neme of camatery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Number of the state of the sta MEMORIAL PARK 3-2 KING RANDALLSTOWN, 22. Name and Address of Facility WM. C. MARCH FH.-1101 23a. Part1. Enter the disease, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one gouse on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in deeth) Gun Due to (or es a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that leithed exercises) Due to (or as a consequenca of) Physician/Medical that Initiated events resulting In death) Last Due to (or as a consequence of): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings Completed 24a. Was an autopsy performed' completion of causa of death? 1 Yes 2 □ No Yes 2 No Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospitai: 1 ☐ Inpatiant 2 ▼ Pr/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1XX es 2□ No 27. Manner of Death Certification: 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturai 5 Pending subject Shor 2-27-16 investigation 16 50 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, State) Place of Injury - At home, farm, straet, factory, offica building, etc. (Specify) 4 Homicide Street 1500 blk Fort st. 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.

2XX Addical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

O.C.M.E

,1996

**FEBRUARY** 

24 hours e To the I To the I comple

Hospital or Attending Physician: 24 hours efter deeth. Funeral Director: After this certific

laviol 31. Data filed (Month, Day, Year) State Registrar

Fowler 111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

whi Davelson Rondolf FEB 2 9 1996

30 Name and address of person who completed cause of death (Item 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Deeth 3. Time of Death Yaar **Physician** :50pm 96 Arthur tisen ber Feb /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** UNIVERSITY HOSPITAL BALTIMORE 8. Date of Birth (Month, Day, Year) If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) If Under 1 Yaar Birthplaca (State or Foreign Country) **Funeral** Months Days 1 M 2 □ F 215-16-2323 74 Yrs 2,1922 Director FEB. MARYLAND Usual Residence of Decedent 10c. City, Town or Location 10a State 10b. County 10d Inside City Limits Pages 1 and 2 should be filed within 72 hours after death with the Marylan nent of Health and Mental Hygiene. Int: If Item 27 is marked other than "naturel", or items 23a or 28a-f show int: If Item 27 is marked other than "naturel", or other traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director MARYLAND BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3412 RIPPLE ROAD 21244 USA Funeral 12. Was Decedent Ever In U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status 1 Yes 2 No If Yas, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yas 2 ☐ No þ Specify WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry NATIONAL Elemantary/Secondary (0-12) Collega (1-4or 5+) 5+ CHEMICAL ENGINEER CHEMICAL & PLASTIC 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maldan Surnama) Be **AARON EISENBERG** 2 **JEAN** SUGHAR 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MRS. DIANE L. EISENBERG (WIFE) 3412 RIPPLE ROAD BALTIMORE, MD 21244 20b. Place of Disposition (Nama of 20a. Method of Disposition 20c. Location - City or Town, State BNAI ISRAEL -1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Steta 2+26-1996- BALTIMORE, MD permit. Page Department of Important: If eny injury or once. 4 □ Donetion 5 □ O of (Specify 22. Name and Address of Facility
SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 ations thet causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between Onset and Death Physician /Medical Immediate Cause (Finel . End stage non-small cell Lung concer one year diseasa or condition resulting in death) Examiner Due to((or as e consequance of): Examiner burial-transit Sequentially list conditions, if any, leading to Immediata causa. Enter Underlying Causa (Disease or Injury that Initieted events resulting In deeth) Lest and Due to (or as e consequence ot): physician Physician/Medical the Due to (or as a consequence of) USB as attending ò Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. the bed 23b. Did tobacco use contribute to the cause of death? be detact signed by 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings availebla prior to completion of cause of death? Completed 24a. Was an autopsy performed? been has page 2 1 ☐ Yas 2 ☐ No 1 ☐ Yes 2 ☐ No director, Be 25. Was case referred to medical 26. Place of Death (Check only ona) Hospital: 1 ☐ Yes 2X No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Nnpatiant 2 □ ER/Outpatlent 3 □ DOA 27. Manner of Death 28a. Data of Injury (Month, Day Yaar) 28h Time of 28d. Dascribe how injury occurred 28c. Injury et Work? Affar 1 X Naturel 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No 2 Accidant after death 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, tactory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide To the Hospital within 24 hours a To the Funeral D Medical 29a. Cartifiar 1 Certifying Phyeician: To tha best of my knowledge, death occurred at tha tima, data and placa, end due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha tima, data and place, end due to the cause(s) completely and menner stated. 29b. Signature and title of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year)

Maryland 21215-0020

Baltimore,

requires that the death certificate be executed

Amma law

or Attending

Records,

Vital

N. Tebyanian 31. Date filed (Month Day, Year)

FEB 29 1996

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30. Nama and address of person who completed causa of daath (Item 23a) (Type, Print)

225. 32. Registrar's Signature helia Davidson

greene St. Bultimore, MD

State Registrar and the state of the second of

## Items 1.9c 2-29-96 Film G732 W.H. Per F/H. Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Milton Jack Feldman 25, 1996 4c. County of Death February /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** Hospita Sinai TWOT HMOTO If Undar 24 Hrs. If Under 1 Yaar Birthplaca (Stata or Foraign Country) 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** Months Days Hours 00 M 2□ F Yrs. Director 219-07-3413 82 JULY 18,1913 MARYLAND Usual Rasidance of Decedant Pages 1 and 2 should be filed within 72 hours effer death with the Maryland neat of Heelth and Mentel hygiene. Intent of Heelth and Mentel hygiene. Instit if item 27 is marked other than "natural", or itema 23a or 28a-4 show until if item 27 is marked other than the marked other than uny or other traumatic event, the Medical Experiment has notified at 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits MARYLAND N/A 1 1 Yas 2 □ No Director BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2503 WILLOW GLEN DRIVE 21209 Funeral USA 12. Was Decedant Evar In U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No þ Specify: 3 Widowed 4 Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacadant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 OWNER LIOUOR STORE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be LOUIS FELDMAN 2 ANNA MICHELSON 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) MRS. RITA FELDMAN (WIFE) 2503 WILLOW GLEN DRIVE BALTIMORE, MD 21209 20b. Place of Disposition (Nama of cematery, crematory or other place) 20c. Location - Cify or Town, Stata 20a. Mathod of Disposition permit. Pages Depertment of Important: If it any injury or conce. 1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 2-27-1996- BALTIMORE, MD 4 ☐ Donation 5 ☐ Other (Spacify) SHAAREI TFILOH 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. Entar the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiratory errast, s, or heart failure. List only one cause on each line. Interval Betw Onset and Death **Physician** Imonary Edema /Medical Immediata Causa (Final diseasa or condition rasulting in daath) Examine Physician/Medical Examiner The law requires that the death certificate be executed physician and s the buriel-transit Sequantially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disaasa or Injury that initiated evants rasulting in daath) Lest Dua to (or as a consequence of) Vital Records, P.O. Box 68760. Dua to (or as a consaquance of): 98 for use a property the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings aveilabla prior to complation of causa of death? 24a. Was an eutopsy performed? Completed **page 2** has 2 No 1 ☐ Yas 2 ☐ No certificate 25. Was casa rafarred to medical axaminar? Be 26. Place of Death (Check only one) 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA of 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Pending Invastigation Division 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be 3 Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office bullding, atc. (Specify) 4 Homicida Office ò Hospital 24 hours 29e. Certifier 1 Critifying Physician: To tha best of my knowledge, death occurred et the tima, data end place, end dua to the ceuse(s) end mennar as stated. edicai completely (Check only one) 2 Medical Examinar: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. To the I within 2 To the I 29b. Signatura and fitta of certifian 29c. Licanse number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print) Baltimore, Maryland 21215 Anne M. Peternel, M. D 31. Data filed (Month, Day, Year) FEB 2 9 1996 2401 W. Belvedere 22. Registrar's Signature State Registrar

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ï	Dharaini		Decedent's Nama (First, Middla, Last)			2. Data of Deat Month	h Day	Year	3. Tima of Death
	Physici /Medi		James E. Friskey			Februar	-		7:15 PM
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1			2115 E. Lombard Street		Baltim	ore	n/c	a	
	Funeral	Г	5. Social Security Number 6. Sax 7. Aga (In yrs. last bit	Monthe Dave	If Undar 24 Hrs. Hours Min.	8. Data of Birth	Veer	9. Birthple	aca (Stata or Foreign and
V.	Director		220-36-7794 <sup>120 M</sup> <sup>2□ F</sup> 56	Yrs.	Flours With.	June 4,	1939	Maryli	žnd
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	in th	Funeral Director	10e. Street and Number	10f. Zip Coda		10	Og. Citizen of V		ry?
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	eme er m	Ine In	11. Marital Status 12. Was Decedant Evar in U,S. Armed Forcas?	13. Was Decedant of I If Yas, specify Cub	tispanic Origin? (Spe an, Maxican, Puarto I	city Yas or No- Rican, atc.)		e - Amarica ck, Whita, a	
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8	aral,	d by	7 Taar of Dates. 1/1965				Specii)		
5	be filed within 72 hours efter deeth with the Maryland tal Hyglene.  d other than "naturat", or items 23s or 28s-f show event, the Modical Examiner must be not field at	Completed	15. Decedent's Education 16a (Specify only highast grada completed)	Decedent's Usual Occu (Giva kind of work dona	during most of working	ng	16b. Kind of Bi	usinass/Indi	ustry
12	Althir	ם	Elementary/Secondary (0-12) Collaga (1-4or 5+)	lifa. DO NOT usa retire			Oit.	al Ra	ltimore
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ano		Be			Margaret		-		
Z	J Me J Me nerk	P	James Edwin Friskey  19a. Informant's Name/Ralationship (Type, Print)  19t						
Maryland 21215-0020			John Friskey (brother) 2	o. Mailing Addrass / 13 115 E. Lombo	IN MIDVALE A	ROVILM	NSVILLE Oro. Ma	rulan	d 21228
	1 en Healt			f Disposition (Nama of			20c. Location -		
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ij			4 Ø Donation 5 □ Other (Specify)		i				
Baltimore,	permit. Peg Depertment Important: i any Injury o		21. Signatura of Funeral Sarvice Licensee Ronald S. Wade, Dir.	State Ana	somy Board	-655 W.	Baltim	iore S	treet
	20200		/ many // Wall 2/22/	Rm. B026-Bo	ultimore,	Maryland	d 2120	1-155	9
			23a. Par . Entar tha disaasa or complications that caused tha death. Do	not antar tha moda of dyl	ng, such as cardiac o	r raspiratory arra	ast,		Approximate Intarval Between
	Physician							į	Onsat and Death
	/Medical Examiner		Immediata Causa (Final diseasa or condition rasulting in death)  Colon Cancer W	ith metasta	ses			5	years
		-		consequence of):				1	
Т	ted nsit	Examiner	b						
	fficete be executed g physician end as the buriel-transit	Xar	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events  Due to (or as a interpretation of the conditi	consequance of):				į	
68760,	siciar buri		Cause (Disaasa or Injury that initiated events					i	
88	ifficete g phy as the	edicai	rasulting in death) Last Dua to (or as a	consequance of):				i	
Box			d						
ğ	the deeth cert by the ettendin ached for use	Physician/M	Data Otto de Maria			Leonaria			
P.O.	the c y the ichec	ιys	Part it. Other significant conditions contributing to death but not resulting i	n tha undarfying causa gr	van in Part I.				the cause of death?
	uires that the de signed by the e Id be detached i	by Pt	HIV Positive			1 Y	8 2 No	3 Probi	ably 4 Unknowr
rds	lew requires that es been signed b 2 should be deta					24a. Was ai	n autopsy	24b. War	ra autopsy findings
00	v requir been si should	lete				perform	ned?	com	liabla prior to
of Vital Records,	0 5 5	Completed					- 897		eath?
a	iclan: The certificate rector, pag		25. Was casa raterred to medical				s 2 No	10	Yes 2□ No
5		o Be	axaminar? 1 □ Yas 2 □ No  Hospital: 1 □ Inpetiant 2 □ ER/Ou	utpatient 3 DOA Oth	28. Place of Death				
0	Phys or this eral d	J. H	27. Mapnar of Death 28a. Data of Injury 28b.	Tima of 28c. Inju		8d. Dascribe ho		1-1-1-77	
Division	Attending or death. ector: After by the fune	it o	1 ØNatural 5 □ Panding (Month, Day Year) 2 □ Accident invastigation		rk? Yas 2 □ No				
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á	al or Attending Ph s efter death. Il Director: After th ed in by the funeral	Certification:	4 ☐ Homicide datarraned building, atc. (Specify)			City or Town	, Stata)		
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by		29a. Certifiar Certifying Phyalcian: To the best of my knowledge	, daath occurred at tha ti	ma, data and place, a	nd dua to the ca	use(s) and ma	nnar as sta	ited.
	P Fu	edicai	(Check only one) 2 ☐ Madical Examiner: On the basis of axamination and mannar stated.	d/or invastigation, in my o	ppinion, daath occurre	d at tha tima, da	ata and place,	and dua to t	ha causa(s)
	To the within 2 To the comple	Σ	29b. Signature and title of certifier	29c. Licens	sa nu <i>m</i> ber	29	d. Date signe	d (Month, D	ay, Year)
			I protund them 5 MD	D	-4149		2/20	196	
			30. Name and addrass of person who completed cause of death (Item 23a)		1.1.			1	
			Dorothy Snow, M.D., 10 N. Greene		ore, MD 2	1201			
	Sta	te	31. Data filed (Month, Day, Year) 32. Registrar's Signatura		-,				
	Registr	ar	FEB 2 9 1996 Julia diwalian	PURCH					

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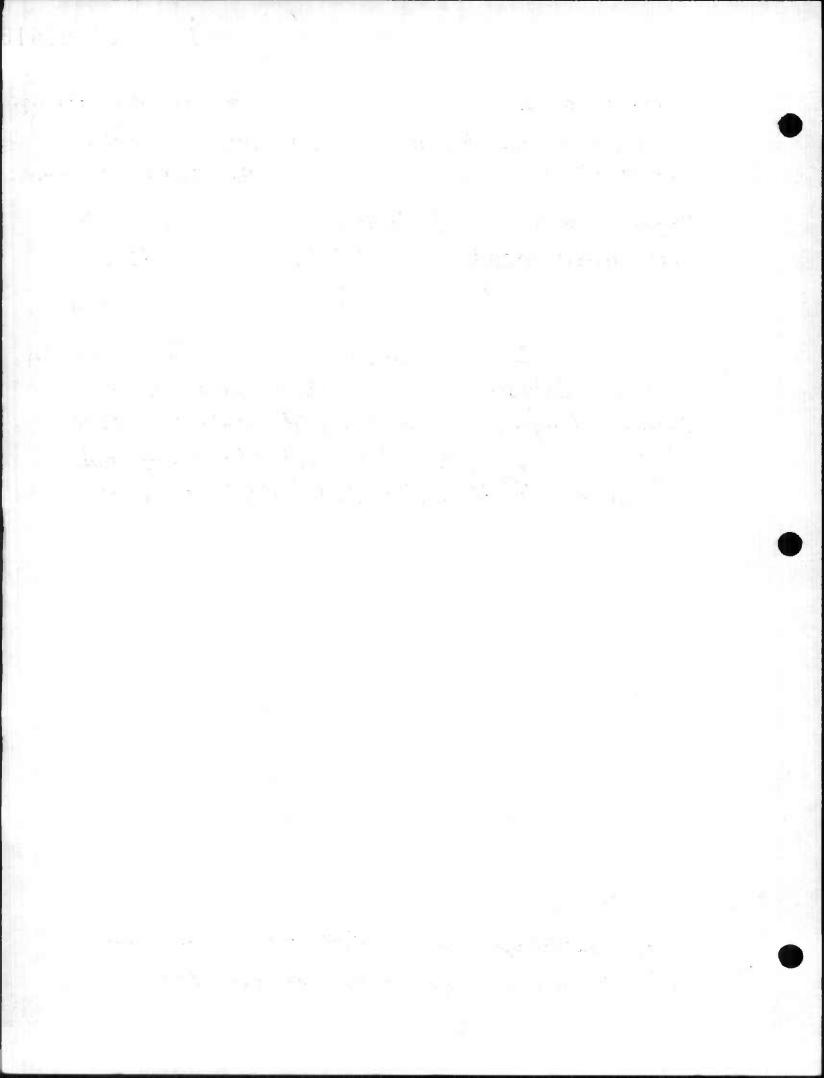
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			,		,	Cer	tificate d	of D	eath	R	g. No.			
П	Dhuala		1. Decedent's Neme (First, Middle, Las	t)						2. Dete of Deet	h Dev	Vaar	3. Ti	ime of Death
	Physic /Medi		EDITH VIRGINIA E	XI						FEBRUAR	Y 26,	1996	10	:10 P.M
	Exami		4e. Fecility Neme (If not institution, give	street and number)	)			4b	. City, Town, or L	ocation of Deeth	4c. County	of Deeth		
	301	101	131 CINDER ROAD						TIMONIU			BALTI	MOR	E
Į.	Funeral Director		5. Social Security Number 6. Se 212-07-2934	7. Ag □M 2⊠F	ge (In yrs. lest 95	birthdey) Yrs.	If Under 1 Ye Months De		Hours Min.	8. Dete of Birth (Month, Day, 6/28/0	Year)	9. Birthp Court MARY	lece (S itry) LAN	State or Foreign
	p .		Usuel Residence of Decedent  10e. Stete 10b. County		10s Chu T									
	the Merylar 28a-f show notified at	2			10c. City, T							1		ide City Limits
	he N	9Ct	MARYLAND BALTIM	IORE		TIM	ONIUM							105 2 2 2 110
	With N	눕	10e. Street end Number				10f. Zip Cod			11	Og. Citizen of	Whet Cour	itry?	
	23	era.	131 CINDER ROAD	40 111 - 0 1 - 1	m t- 11 0	1 40 11		.09:			USA			
20	permit. Peges 1 end 2 should be filed within 72 hours effer deeth with the Meryland Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f ahow any follury or other traumetic event, the Medical Event not must be notified at each	/ Funeral Director	11. Maritel Stetus  1 Never Merried 2 Married	12. Wes Decedent Armed Forces? 1  Yes 2  If Yes, Give	?,		Yes Decedent f Yes, specify C I □ Yes 2 2 1			ecify Yes or No- Rican, etc.)		ce - Americ ck, White,		en,
00	iral',	d by	3 Widowed 4 □ Divorced	Yeer or Detes:					opeony.		Specin	WH	ITE	
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12	within	E D	Elementery/Secondery (0-12)	College (1-4or	5+)		DO NOT use re		2D 4 (III)		DUON	D 001		
	tygie ther t		8th GRADE  17. Fether's Neme (First, Middle, Last)			TELI	EPHONE			e (First, Middle, M		E COM	PAN	Υ
Maryland	should be filed with and Mentel Hygiene. Is marked other than aumatic event, the M	Be	WILLIAM G. GARDNE	:R						• WHITE	ewen Suman	ne)		
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Ma	d 2 s th an 7 is r		19e. Informent's Neme/Reletionship (T)				CINDER			ral Route Number,			Code)	
	Heeith am 27		ELIZABETH F. TAYL  20e. Method of Disposition	OR			sition (Neme of		AD IIIO	NIUM, MD	2109. 20c. Location		wn Str	ate
2	nt of nt of		1 X Buriel 2 ☐ Cremetion 3 ☐ F		ceme	etery, crem	netory or other	plece,		10 10 0			WII, 510	NO.
Baltimore,	it. Partme		4 Donetion 5 Other (Specify)  21. Signature of Euneral Service License		PROS	-	HILL C			/1/96	TOWSON	, MD		
Ba	permit. Pege Department of Important: If any injury or		12/4			-	JOHNSON	FU	NERAL H		l LOCH	RAVE	N B	LVD.
			23a. Part L. Epfer the disease, or companies to the companies of heart feilure. List only of	licetions that caused	d the deeth. D						ost,	T	Appro	ximete ai Between
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	at,	Due to (or es			ou.	deovas	who d	isiasi	-	Onset	end Death
	70 Æ	Iner												
•	icete be axecuted physician and s the buriel-Iransit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	0.	Due to (or es	e consequ	uence of):							
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Vital			25. Was case referred to medical						on Diseased Dead				JYes	2,No
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o	£ 5 5		27. Menner of Deeth	28e. Dete of Inju	iry 28t	b. Time of	28c. li	njury e		28d. Describe ho		, , ,	"	
<u>o</u>	oding f th. :: After e funer	atio	1 Neturel 5 Pending 2 Accident investigation	(Month, De	y Year)	Injury			s 2 No					
Division	if or Attanding efter death. Director: After d in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Inj		, ferm, stre	et, fectory, offi	ice		28f. Location (Str		ber or Rura	/ Route	Number,
Ö	s efter	Sen	4   Homicige	building, et	c. (Specify)					City or Town	, Siele)			
	To the Hospital or / within 24 hours efter To the Funeral Directon pletely filled in b	edical	29a. Certifier (Check only one) Certifying Physical Exami	nar: On the basis of end menner ste	f exeminetion	ige, deeth end/or inv	occurred et the estigetion, in m	e time ny opir	, dete end plece, nion, deeth occur	end due to the ce red et the time, da	use(s) and me ite end piece,	enner as st	eted.	use(s)
	o the	Me	29b. Signeture end title of certifier	A A	/	-	29c. Lic	ense i	number	29	d. Dete signe	d (Month,	Dey, Yo	er)
	F S F Ö		Da	1 Blu	by ha	J)	7	7	1008		2/2	8/91		
	6		30. Neme and eddress of person who co			a) (Turo F		/ )	7 - 0		2/2	0/66		
	0		David B. Peichert		· ·				Suita 20	6 Pal+:	moreo 1	MA		
	Sta	_	31. Dete filed (Month, Dey, Year)	22. Registre	Signature	Angr.	e Drive		Juice 20	o Daiti	more, I	riu .		

The state of the s

Registrar

FFB 2 9 1996



96-0991-510

#### Item10g 2-29-96 GFilm732 W.H.Per F/H

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State of Maryland / Department of Health and Mental Hygiene

ertificate	of	Death	

1. Decedant's Nama (First, Middla, Last) **Physician** KEZTAH GILMAN /Medica

2. Data of Death Month

3. Tima of Death 25 Day 19 d'2 8 - 10 PM

Examine

**Funeral** 

ies

Director

items 23s or 28s-f short ther must be notified at 5

Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health end Mental Hygiene. other traumatic event, the Medical Examiner Department of Health and Mental Important: If Item 27 is marked of any Injury or other traumatic evenues.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner** 

The lew requires that the death certificate be executed use es the buriel-trar Records, P.O. Box 68760, is cartificate has been signed by the attending physicien director, page 2 should be deteched for use es the burle Division etwikal

To the Hospital or Attending Physician: The lew within 24 hours after death.
To the Funeral Director: After this cardificate has completely filled in by the funeral director, page 2 completely filled in by the funeral director, page 2.

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			n, giva straat and nu N HEIGHT		ME.					4b. City, To		ocation of Daat			of Death	1		
	5. Social Security N		6. Sax		(In yrs. la	et hirtha	day)	If Undar	1 Yaar	If Undar				N/A	0.514	1411 44		-
	217-60-4		1 □ M 2 □ K	7. Aga 82		Yrs		Months	Days	Hours	Min.	8. Data of Bir (Month, Da March 3	y, Year)	12	Cou	intry)	West	-
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	10e. Streel and Nu	mber		,				10f. Zip	Coda						What Cou			
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	4 ☐ Donation  21. Signatura of Fu				DIC	TIU				ss of Facilit	1	7 1 7 90	Da	1 6 1111	,	MU		
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	shock, or haa	na disaasa, or rt failura. List	complications that conly ona causa on a	ausao i ach lina	na daath. 3.	Do not	entar	tha mod	a of dyin	ig, such es	cardiac	or raspiratory a	rrast,		İ	Interv	xlmata al Betwe t and De	en
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1	disaasa or conditio rasulting in death)	n	a Arte					N 12.1	rdı	ovas	cul	ar Dis	eas	е		-0-0		
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	Causa (Disaase or that initiated evants	Injury	c	D	ua to (or a	s a con	Seque	anca of):										
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	Part II. Other eignif	cant condition	ns contributing to de	eath but	not rasulti	ing in th	na und	farlying c	eusa giv	an in Part I		23b. Did	tobacco	uee cor	ntribute	to the ci	nuee of c	death?
1	√ .		ris ai					-	-			10	Yee 2	No	3 Pro	obably	4 □ Un	know
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												24a. Was	an autor	psy	a	vallabla	opsy find prior to	
1												0.0			0	omplatio	n of caus	sa

Completed by Physician/Medical Listeria 1□ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes casa raferred to medical examinar? 26. Piece of Deeth (Check only one) Other: 4 Nursing Homa 5 🕅 Rasidence 6 Othar (Specify) Certification: To 1 Yes 2 No 1 Inpatiani 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28c. Injury at Work? 28a. Deta of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 5 Panding Investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be daterminad 3 Suicida 28a. Place of fnjury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner staled. Medical (Check only one) 29b. Signafura and titla of certifian 29c. Licansa number

O.C.M.E.

29d. Data signed (Month, Day, Year) FEB. 26, 1996

30. Neme end eddrass of person who completed causa of daeth (Item 23a) (Type, Print)

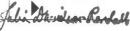
Margarita Korell M.D.

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Deta filed (Month, Dey, Year)

32. Registrar's Signatura

FEB 2 9 1996

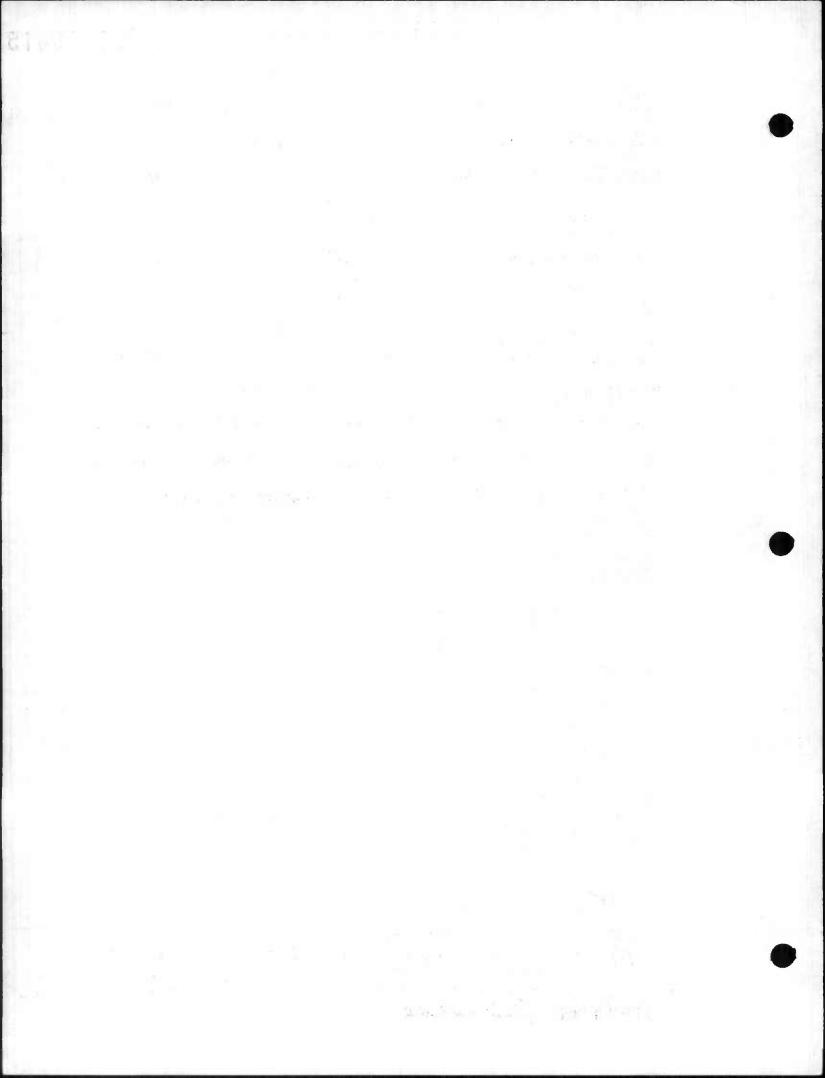




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State of Maryland / Department of Health and Mental Hygiene

							ficate of	Death		Reg. No.		
	Physici	an	1. Decedent's Neme (First, Middle, La	•					2. Dete of Dee Month FEB		1996	3. Time of Deeth
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7	Examir	ner	5006 Cordelia A				100	Baltimor			/A	
Ī	Funeral Director		5. Sociel Security Number 6. S	ex 7. Ag	e (in yrs. iast l		If Under 1 Year Wonths Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day April 2	Year)	-	N.C.
	land ow		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City, To	wn or Loca	tion				11	Od. inside City Limits
	the Marylan r 28a-f show	tor	Md N/A		Balt	imor	е				1	1 ∑Yes 2 □ No
	or 284	Director	10e. Street and Number				10f. Zip Code			10g. Citizen o	What Coun	itry?
	23a	rai C	5006 Cordelia A	venue			21215			US	Д	
020	within 72 hours efter deeth with the Maryland ene. than "natural", or ftems 23a or 28a-1 show ha Med cell Evant he notited at	by Funeral	11. Maritei Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 Tyes 2 1/2 If Yes, Give Yeer or Detes:	Ever In U,S. No		s Decedent of H es, specify Cube	ispanic Origin? (Spe in, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		ece - Americ eck, White, o ify: Blac	etc.
Maryland 21215-0020	d within 72 hours jiene. r than "natural", me Med cal Ex	Be Completed	15. Decedent's El (Specify only highest gra	College (1-4or	5+)	a. Deceder (Give kir. lite. DO		etion during most of works f)		16b. Kind of		Justry
9	THE R. L. LEWIS CO., LANSING, MICH.	e Co	3rd Grade  17. Fether's Neme (First, Middle, Last,	N/A		Eusc	7 (1	18. Mother's Name				
/lan	ges 1 and 2 should be filed within to of Health end Mental Hygiene. If flem 27 is marked other than or other traumatic event, the Me	To B	Henry Guinn					Unknown	- Vinni	e Adam	s	
lan	s mai		19e. informent's Name/Reletionship (	Type, Print)	1			and Number or Rure		-		•
	and and and and and and and and and and			Friend				a Avenue				
Baltimore,	permit. Pages 1 and 2 Department of Health e Important: If Nem 27 is any injury or other tra once.		20e. Method of Disposition  1 Buriel 2 Cremetion 3 Donetion 5 Other (Specif	Removel from State y)	ceme	tery, cremat	ion <i>(Name of</i> tory or other plac metery		Dete 3-2-96	Lansd	OWN,M	
Ball	Depart Import any in		21. Signature of Furneral Servica Licar	Mursh			eme end Addres	ss of Fecility H-WEST	4300 W	ABASH	AVE	
	Physician /Medical Examiner		23e. Raff. Efiter the disease, or com shock, or heart feilure. List only Immediate Ceuse (Finel disease or condition resulting in death)	one cause on eech III	ne.	ر _ ]	Runo	g, such es cardiec d				Approximete intervai Between Onset end Death
x 68760,	certificate be executed ding physicien and se as the burial-trensit	/Medical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest	с.	Due to (or es e	S conseque	me f)	245				yans
Box	death certif e ettending kd for use a	cian	Dani II. Ohkan alamidi ana ana dili	made Carifford and and				E-911-111.				
P.O.	the ache	/ Physician/M	Pert ii. Other significant conditions o	ontributing to death b	ut not resulting	in the unde	enying cause giv	en in Pert I.		obacco use d ∕es 2□No		the cause of death? bably 4 Tunknown
Records,	requires	Completed by							24e. Wes e perfor		001	ere autopsy findings allable prior to mpletion of cause death?
2	ate h	Con							1 🗆 Y	es 2 No	10	Yes 2 No
€.	Acian: S.cartfic director,	Be	25. Wes case referred to medical examiner?	Hemital			0.11	26. Place of Deeth	(Check only or	ne)		
ionof	2 3 0	ation: To	1 Yes 2 No  27. Manner of Deeth 1 Naturel 5 Pending 2 Accident Investigation	28a. Dete of Inju (Month, Da	nt 2 ER/C ry 28b y Year)	Outpatient  Time of Injury	3 DOA Oth 28c. injun Work	4 LI Nursing Ho	me 5 PResid 28d. Describe h			()
Division	To the Hospital or Attanding Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Pleca of Injuding, etc	ury - At home, c. (Specify)	farm, street	, fectory, office		28f. Location (S City or Tow		nber or Rura	I Route Number,
	To the Hospital within 24 hours or To the Funeral I completely filled	edica	29a. Certifler (Check only one) 12 Certifying Ph	ysician: To the best on niner: On the basis of end menner ste	exeminetion e	ge, death or and/or inves	ccurred et the tim tigetion, in my of	ne, date and piece, opinion, deeth occurr	end due to the d ed et the time, d	euse(s) and r late end pleca	manner as st i, and due to	ated. the cause(s)
	Vith To t	2	290. Signature and little of certifier		Atm	whi	29c. License	e number	2	29d. Dete sign	ned (Month, i	Day, Year)
	M		30. Name and address of person who	completed cause of d	Physical eath (item 23a	) (Type, Pri	nt)	7310		2)22	796	
	Sta Registr		31. Det filed (Month, Day, Year) FFB 2 9 1996	32. Registr	ar's Signature	1818	80 A	Spring	21	Loh	va	21093

DHMH 16 Rev 6/95

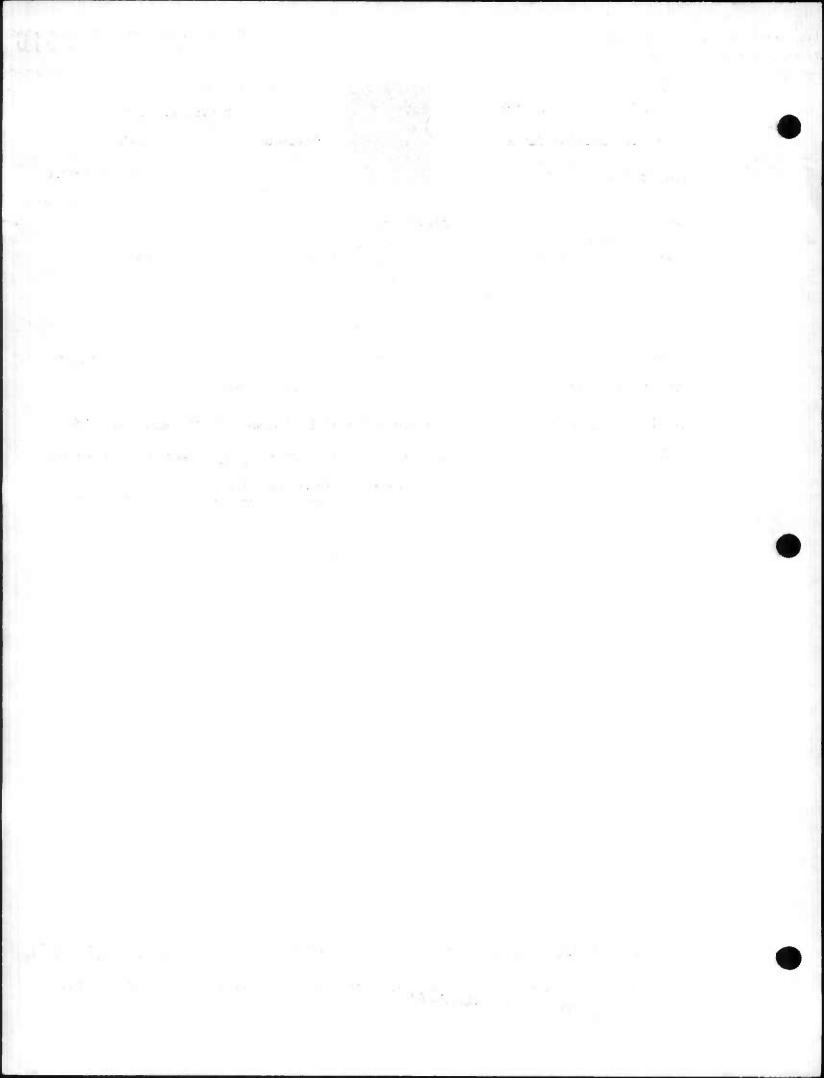


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State of Maryland	Department of Health	and Mental Hygiene
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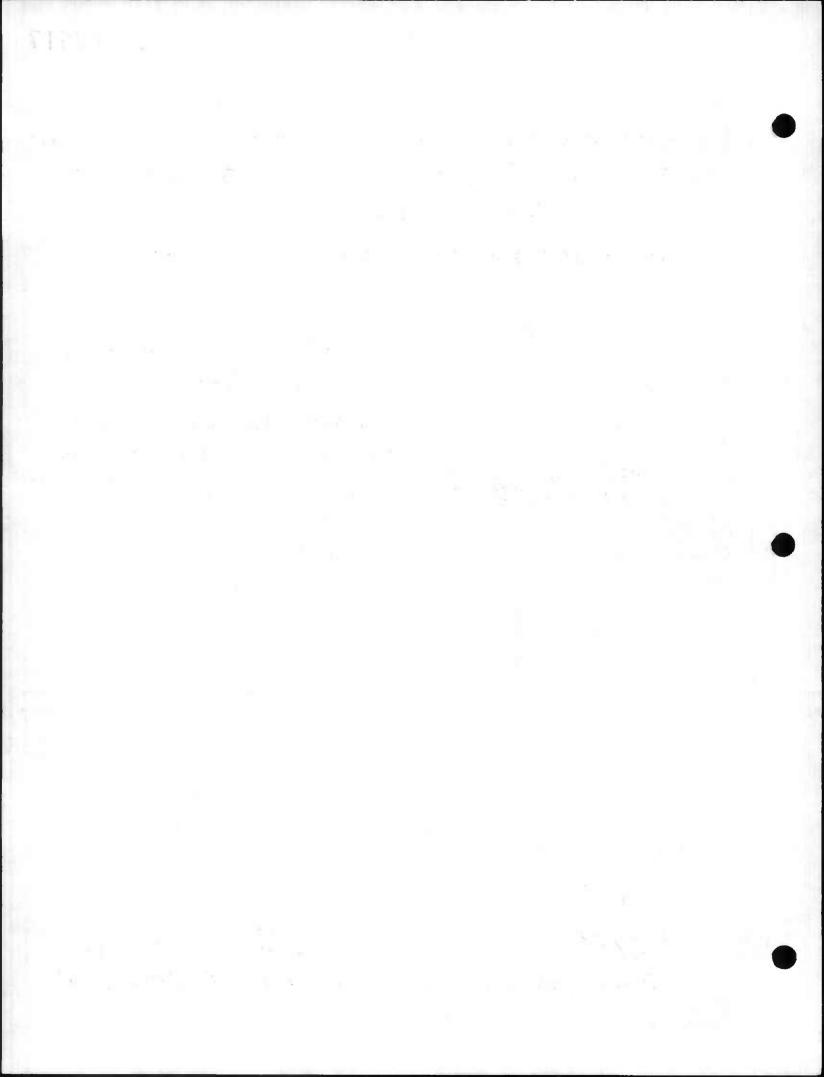
_						Cel	rtificat	e of	Death	7		Reg. No.			
	Physici /Medi		Decedent's Name (First, Middle, Last     SAMUEL	HENDERSON	1						2. Date of De Month Februa	eth Day	Year 2, 1996	11:	me of Death 30AM
	Examir	ner	4a. Facility Name (If not Institution, give 1123 N. Caroline							own, or Loc Cimore	eation of Deat	h 4c. C	County of Dea	ith	
	Funeral Director		5. Social Security Number  214–18–9244  Usual Residence of Decedent	7. Ag JM 2□F	e (In yrs. las + 7	t birthday) 7 Yrs.	If Under Months	1 Yeer Deys	If Unde Hours	Min.	8. Date of Bir (Month, Da SEPT. 2	th ly, Year) 20,191	9. Bir	thplace (5 ountry) Caro	itete or Foreign lina
	e Marylend	ctor	10a. State 10b. County Maryland N/A		10c. City, T	own or Lo									ide City Limits
	th with th	al Director	10e. Street and Number 1123 N. Caroline	Street			10f. Zip		1213				en of What C	ountry?	
020	d within 72 hours after death with the Maryland ilene. Than "natural", or ftems 23a or 28a-f show the Modical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Armed Forces?  1  Yes 2 N If Yes, Give Year or Dates:			Was Deced if Yes, spec 1 ☐ Yes 2				cify Yes or No Rican, etc.)		4. Race - Ame Biack, Whi Specify: B	te, etc.	an,
Maryland 21215-0020	d within plene. r than "	Completed	15. Decedent'a Edu (Specify only highest grad Elementary/Secondary (0-12) 12th	cetion e <i>completed)</i> College (1-4or 5	i+)		dent's Usua kind of wol DO NOT us	Il Occu rk done se retire	petion during mo	st of workin	ng		d of Business		lter
/land	S d is g	To Be C	17. Fether's Neme (First, Middle, Last) Joshua Henderson		·						(First, Middle	, Meiden S			
	d 2 sh h and h and l e m traum		19e. tnformant's Name/Relationship (7) Willie Ann Marrow	rpe, Print)			_				Route Numb	-			
Baltimore,	Pages 1 and 2 ment of Health a ant: If Item 27 le ury or other trai		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)		20b. Plac	e of Dispo	sition (Nan	ne of	cel	hrist	Date	20c. Loc	ation - City or	Town, Ste	ete
Balt	permit. Pages Department of Important: If It any Injury or once.		21. Signature of Funeral Service Licens	# K-C	me					Home Avenu	East e, Bal	timor	ce, MD	2120	2
	Physician		23e. Pert1. Enter the disease, or compl shock, or hear/failure. List only or	ications that caus of ne cause on each	the death.									Appro	ximete al Between end Death
1	/Medical Examiner		Immediate Cause (Final disease or condition resulting In death)	REN	Due to (or a		JFF1	CIE	ال	(			- 8	10	YEARS
	betand id	Examiner	Sequentially list conditions		Due to (or e									30	YEARS
ox 68760,	certificate be executed nding physician and use as the buriel-transit	<b>VMedical</b>	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	)	Due to (or as										
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tal R	The ate h	60	25. Was case referred to medical						as Plac	a of Dooth	(Check only		No	1 🗆 Yes	2 No
ō	\$ 50	lon: To B	examiner? 1 Yes 2 No  27. Manner of Death 1 Netural 5 Pending	lospital: 1 ☐ Inpatie 28a. Date of Injur (Month, Day	y 28	Outpatier  b. Time of Injury	2	8c. Inju Wo	her: 4 N ry at rk?	lursing Hon	1/	dence 6	Other (Spe	ecify)	
Division	or Attendent offer deeti director: In by the	Certification:	2 Accident 3 Suicide 4 Homicide investigation Could not be determined	28e. Place of Injubuilding, etc		, farm, str	M eet, factory		Yes 2		8f. Location ( City or To		Number or R	iural Route	Number,
	To the Hospital within 24 hours e To the Funeral Completely filled	edical C	29e. Certifler (Check only one)	stclan: To the best of ner: On the besis of and manner sta	examination	dge, death and/or inv	occurred o	et the ti	me, dete e opinion, de	nd plece, e ath occurre	nd due to the	ceuse(s) e date and p	end manner e place, end du	s stated. e to the ca	use(s)
	To the To the comp	Me	29b. Signature and title of certifier	> 0 V	MA				se number				signed (Mon		
	2		30. Neme end address of person who co	mpleted cause of de	eeth (Item 23	Sa) (Type,	Print)	- 0	120	2.		dete	MAN	213	+ inde
_			VVIATINEW VVIO	DICE LO	00	المورد	JOG	E:	75	DAL	LINC	RE,	A 1/1/2	212	00

State Registrar



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 05617 State of Maryland / Department of Health and Mental Hygiene

				State of Mary		Certifica			, ,	g. No.			
	Physic	ian	Decedent's Neme (First, Middle, La.     LULA B . HINNA						2. Dete of Deeth	•	Year 0.6	3. Time of D	
d	/Medi Examir		4e. Facility Neme (If not institution, giv					4b. City, Town, or		4c. County		10:2	8 am
7	Exami	ier	3308 LIBERTY H		ENUE			BALTIMO		,	TIMOL	RE CI	TY
	Funeral Director		237-40-9510	ex 7. Age (h	64 Y	Months	r 1 Year Deys	If Under 24 Hrs Hours Min.	8. Dete of Birth (Month, Dey, SEPT 2			NC	Foreign
	and w		Usuel Residenca of Decedent  10a. Stete 10b. County	10	c. City, Town	or Location						d. Inside City	Limite
	the Marylar 28a-f ehow	ctor	MD BALTO.			IMORE						1 XYes	
	th with th	ai Dire	10e. Street end Number 3308 LIBERTY H	EIGHTS AV	ENUE		215			g. Citizen of V ${ m UNITE}$			
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evanturer must be normed at	by Funeral Director	11. Meritel Status  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes:	r in U,S.	13. Wes Dece If Yes, spe 1 Yes		dispento Origin? (Sen, Mexican, Puerl Specify:		14. Rec	e - American k, White, et	n Indien, c.	
21215-0020	vithin 72 ho ne. han "naturi a Medical	Completed	15. Decedent's Ec (Specify only highest gra Elementery/Secondery (0-12)	lucation de completed) College (1-4or 5+)	0	life. DO NOT i	ork done ise retire	during most of word)	king 1	8b. Kind of Bu			
d 2	Hygia ther t	ပိ	17. Fether's Neme (First, Middle, Last)			F	ACK	T	ne (First, Middle, M	GLAS:		IPANY	
Maryland	2 should be filed with and Mental Hygiane. Is marked other than sumatic event, the	To Be	JAMES BARNES						E ATKIN		9,		
lary	2 shot and h		19e. Informent's Neme/Relettonship (	Type, Print)	19b. I	Meiling Addres	s (Street	end Number or Ru	ral Route Number,	City or Town,	State, Zip C	Code)	
	1 and 2 Health am 27 I		LINDA JOHNSON					TY HEIG	HTS AVE		LTO,		1215
Baltimore,	Page nent c int: If iry or		20e. Method of Disposition  1 □XBuriel 2 □ Cremetion 3 □  4 □ Donetion 5 □ Other (Specifi	Removel from Stete	20b. Pieca of Cometery,	orematory or OUDON	other ple PAR	K CEM	3.2.199	oc. Location - BA	LTO.,		
Balt	permit. Pag Department Important: h any Injury o		21. Signature of Fuperal Service Ligar	Wellen!				ess of Fecility	270 AMS F.S	FRED		ON PA	
	Physician /Medical Examiner	Examiner	23a. Pert : Enfer the disease, or com shock, or heert feilure. List only Immediate Cause (Final disease or condition resulting in death)	e. Pance Due	e to (or es e co	ensequence of)	Co	NCE				Approximete ntervel Betwo Onset end De	een eeth
68760,	ficate be executed g physician and as the burlal-transit	edicai Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last	C	to (or es e co								
Box (	nding use			d							1		
, P.O.	that the de ed by the datached	by Physician/M	Pert II. Other significant conditions of	ontributing to death but no	ot resulting In t	the underlying	cause giv	ven in Pert I.	23b. Did tot	acco use col		he cause of bly 4□U	
Records,	aw requir s been s 2 should	Completed b							24e. Wes er perform		com	e autopsy fin lable prior to pletion of car seth?	
Œ.	0 - 5	Com							1 ☐ Ye	s 20 No	10	Yes 20 N	io
of Vital	yalclan: The s certificate director, pag	Be	25. Wes case referred to medical examiner?	112-1			Lou		th (Check only one	)			
of	2 00 0	7	1 Yes 2 No	Hospitel: 1 Inpatient	-	-	UA		ome 5 Resider				
Division	a fine	ation	27. Menner of Deeth  1 Neturel 5 Pending 2 Accident Investigation		ear) 28b. Tir Inje	me of ury M	28c. Injui Woi 1 □	ry et rk? Yes 2 □ No	28d. Describe ho	w Injury occuri	ed		
Divis	orpital or Attandi nours after death. meral Director: A ly filled in by the fi	i Certification:	3 Suicide 6 Could not be determined	building, etc. (S	Specify)				28f. Location (Str City or Town,	Stete)			er,
/	the plan	edicai	29e. Certifying Ph	ysician: To the best of mainer: On the basis of exa and menner stated.	mination end/	deeth occurred or investigation	et the the	me, dete end plece opinion, death occu	, end due to the ce rred at the time, de	use(s) end me te end plece,	nner es ste and due to t	ted. he cause(s)	73
(		W	256. Signature and title of control	no.				se number 61650	29	d. Dete signed 2/2	1/G	6 (Year)	
	8		30 Memo and address of personation	completed cause of deeth	(Item 23e) (T	ype, Print)	129	EENLE	5T.	BAC	70,	no	7
	Sta	ite	31. Dete filed (Month, Day, Year)	1. 132 Pegistrera	Signeture						•		



DIVISION OF VITAL RECORDS.

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10 THE FLUSTING WALLENDING PRESIDENCY. THE LAW REQUIRES DRIVE DESIGNED BY THE AMERICAN DESIGNATION OF THE MAN REPORT OF THE MAN PART THE CONTINUENCY THE LAW REPORT OF THE MAN PART THE CONTINUENCY REPORT OF THE PROPERTY OF THE PART THE CONTINUENCY REPORT OF THE PART THE CONTINUENCY REPORT OF THE PART THE CONTINUENCY REPORT OF THE PART
be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

96

	_1	FOR STATE REGISTRAR		STATE OF I	MARYL		DEPAR ERTIF					MEN	ITAL HYGIEN REG. NO.	E			
	i	1. DECEDENT'S NAME (First, RAYMO		C. HAI	esi.	N							DATE OF DEATH	NY C	96		ME OF DEATH
		4. SOCIAL SECURITY NUME		5. SEX			st birthday)	IF UNDE	DAYS	IF UNDE	R 24 HRS.	7. 0	ATE OF BIRTH			IPLACE	E (State or Foreign
		092-03-3015		1 🔀 M 2 🗌 F		89	YRS.						wly 11 1		Mas	s.	
1 "		9a. FACILITY NAME (If not in									ION OF DE	ATH			NTY OF D		
Ē		Oak Crest		ement Vi	llag	e		P	arkv	rille	3			Ba	ltim	ore	2
RECTOR		10a. STATE	10b. COUNTY	Y			10c. CIT	Y, TOWN	OR LOCA	TION						10d.	INSIDE CITY
5	,	Md.	Bal	timore				Park	vill	e							VES 2 NO
MA		10e. STREET AND NUMBER							10	f. ZIP COD			_	10g. CIT			COUNTRY?
FUNERAL		8830 Walthe	er Blv	d						2	21234				U	SA	
5		11. MARITAL STATUS  1 Never Married 2	Marriad	12. WAS DECEDEN FORCES? 1				13.					RIGIN? (Specify Yes erto Rican, etc.)	or No-		E — An	merican Indian, le, etc.
B		3 Wildowed 4 Divo		IF YES, GIVE Y							Specify				Spec	Mer	ite
	E II	15. DEC	EDENT'S EDU	CATION			CEDENT'S						16b. KIND OF BUS	INESS/IN	DUSTRY	774	1.00
COMPLETED	-	(Specify only Elementary/Secondary (0	ly highest grade 0-12)	College (1-4 or 5	+)	(Gi	ive kind of Do NOT u	work done se retired.)	during mo	ost of world	ing						
A P				+4		V.P	. Am	eric	an I	otal	isat	or	Equipm	ent	Supp	lie	er
COM		17. FATHER'S NAME (First, M	liddle, Last)									ME (F	irst, Middle, Meiden		-		
BE		Harry			H	lardi					mie	_	Bel			rav	res
TO B		Taylor McLe	ean										Number, City or Town TOWSON			204	l
Tân E		20a. METHOD OF DISPOSITI  1 Buriel 2 Crematio 4 Donation 5 Other	on 3 🗆 Rem		_ 20t	metery, cre	and date	of DISPO	SITION (N	eme of emete	ery 3	3-2	-96 Ti		City or To		
схашшег	1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY RUCK TOWSON FH 1050 York Rd. Towson, Md. 21204															
	4	K	114						10	)50 Y	ork	Rd	. Towson			204	
шеопся		23. PART I. Enter the di shock, or he	iseases, or e eart failure.	complications the List only one cau	it cause	d the de	ath. Do i	not ente	r the mo	de of dy	ring, suci	h aa	cardiac or respi	ratory ar	rest,		Approximate interval Between
	ı	IMMEDIATE CAUSE (Findisease or condition	nel			4			+								Onset and Death
event,		resulting in death)	<b>→</b>	a. DUE TO	COR AS	A CONSE	CUIENCE C	2201	<u>u</u>			_				-	hour
				C	ma e	tres	QUENCE O	ear	t 1	arle	ur					İ	
ATION		Sequentially list conditi if any, leading to imme-		DUE TO	(00 AS	A CONSEC	DUENCE O	F):	. 1							-	gem
2 2		cause. Enter UNDERLY! CAUSE (Disease or Inju		c a	ort	tie.	de	nos	~								
CERTIFICATION		that initiated events resulting in death) LAS	T T	DUE TO	(OR AS /	A CONSEC	QUENCE O	F):									
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SA S		PART II. Other algnifica	int condition	a contributing to	deeth b	out not r	esulting	in the u	nderlyin	g cause	given in	Part	I. 24a. WAS AN PERFOR		24b	MAIL	AUTOPSY FINDINGS ABLE PRIOR TO
	1											_	1 TES 2	<b>™</b> NO			PLETION OF CAUSE EATH?
AN: MEDIC	i															1 🔲	YES 2 NO
AN		25. WAS CASE REFERRED TO	O_MEDICAL						26. P	LACE OF I	DEATH (Ch	eck or	alv one)				
PHYSICIAN: MEDICA		EXAMINER?		HOSPITAL:	ER/Out	patient 3	□ DOA	OTHE	A:		_		Other (Specify)				
HY.		27. MANNER OF DEATH		28e. DATE OF	INJURY		28b. TIM		28c. IN.	JURY AT			DESCRIBE HOW II	NJURY OC	CURED	_	
BY PI	1		Pending Investigation	(MONIN, E	wy, reary		1144	M	1 🗆	YES 2 [	□ NO						
TED CS	ı	3 Suicide 8	Could not be determined	28e. PLACE C building,	OF INJURY stc. (Spe	Y — At ho	me, farm,	street, fac	ctory, offic	•		281.	LOCATION (Street a City or Town, Stete)	and Numbe	r or Rumil I	Route N	lumber,
BE COMPLETED		ana)		ICIAN: To the best of e												-) and a	
8 8	╟	29b. SIGNATURE AND TITLE			113				opanon, c		ENSE NUM	_	usie and preca, and			-	
TO BE		Sam	mel (	Our	10,	_W	0			0	47	70	040	Page DAT	2/2	S/S	h, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  AMUEL C. DVRSO, M()																

DHMH-18 Rev 1/89

			1,25,29a, PER HUSPITAL	Type or Print In State of Maryl	Black and / De	Indelible Inkepartment of I	Assure A Health and	All Copies Mental Hy	s Are Legi /giene	<b>b</b> 0!	5619
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Ī	Physic		1. Decedent's Nema (First, Middle, La	Hardy				2. Date of D	eeth Day	Year 3. Time	of Deeth YSAM
	/Medi Examir		4a. Facility Nama (If not Institution, giv	a straet and number)			4b. City, Town, or	1	71.14	of Deeth	7,5,70
			NORTHWEST	HOSPITAL	CEI	TEGZ 1	2ANDF	LLSTO	WH BF	JLT) m	ORE
	Funeral		5. Social Sacurity Number 6. S	MA OF	rs. last birthe	Months Days			irth la <i>y, Year)</i>	9. Birthpiace (Sta Country)	te or Foreign
	Director		220-09-0383 A Usual Rasidance of Dacedant	85	Yr	S.		Dec 26	, 1910	Maryland	
	land w		10a. Stata 10b. County	10c.	City, Town	or Location				10d. Inside	City Limits
	Man	ţo	Maryland Baltimon	re F	landal	lstown				1 🗆 Y	as 2 No
	or 28	Directo	10e. Street and Number			10f. Zip Coda			10g. Citizen of V	Vhat Country?	
	23a c	air	3604 Rusty Rock I	Rd.		21133			USA		
	tame tame	Funeral	11. Marital Status	12. Wes Decedant Evar in Armed Forces?	u,S.	13. Was Dacedant of I If Yas, specify Cub	Hispanic Origin? (S	Specify Yes or N to Rican, atc.)	o- 14. Rec	e - Amarican Indian	),
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiene.  I tem 27 is marked other than "natural", or itsms 23s or 28=f show other traumatic event, the Medical Exercited must be notified at	by	1 ☐ Nevar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ⊠Yes 2 □ No If Yas, Giva Yaar or Detes: WW	2	1□ Yas 2☑ No			Specify		
5-0	72 ho	eted	15. Decedant's Ed (Specify only highast gra	lucation	16a. D	acedant's Usual Occup Giva kind of work dona	pation	urkina	16b. Kind of B	usiness/industry	
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2	filed within Hygiene. ither than "		17. Fethar's Nema (First, Middla, Last)		Car	penter	19 Mothada No	ma /First Middle	Buildin	0	
an	d be santal	o Be	George Hardy							ra)	
Maryland	2 should be fand Mental Is marked of	2	19a. Informant's Name/Ralationship (	Type, Print)	19b. N	Aailing Addrass (Street			eohagen	Stata. Zip Coda)	
	Haalth a tem 27 is other trac		Mrs. Katharine Ful			Avondale (		erna Pa		21146	
J.	of Han		20e. Mathod of Disposition	20	n. Plece of D	isposition (Nama of crematory or other pla		Data		City or Town, State	
E	Pages nent of ant: If ite ary or o		1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify			wn Cemeter	25	2-27-96	Woodla	wn. MD	
Baltimore,	permit. Pages 1 and Department of Haalth Important: If Item 27 any Injury or other tr 20cs.		21. Signature of Funaral Sarvice Licen			22. Nama end Addre Loring Bye					
	20129		John K &	bluff		8728 Liber			stown, M		
	Physician /Medical Examiner	188	23a. Pan. Entar tha diseesa, or com, shock, or heart failura. List only  Immediata Causa (Finel disease or condition rasulting in death)	Phenr	nor		ng, such as cardia	c or respiratory	errest,	Approximation interval onset en	nete Between nd Death
-	70 ×	ner			(0. 40 4 00	isoqualico oli,					
,00	death certificate be executed e attending physician and of for use as the buriel-transit	i Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying	Dua to	o (or as a co	nsequance of):					
68760,	ficata by physic is tha b	60	Cause (Diseasa or Injury that initiated evants rasulting in death) Lest	Due to	(or es e cor	sequance of):				i	
Box	death certification plants as the death of the transfer as the second of the second of the transfer as the second of t	ian/M		d							
P.O.	es that the de igned by the a be detached f	by Physician/Medic	Part II. Other eignificant conditions of	ontributing to death but not	rasulting in th	na underlying causa gi	van in Part f.		l tobacco use co	arribute to the cause 3 ☐ Probably	Unknown
Records,	aw requir is been s 2 should	Completed I						24a. Wa	s an autopsy ormed?	24b. Wara autop available pri completion of death?	or to
H	The ata	S						10	Yas ZNo	1 ☐ Yas 2	2□ No
Vital	ician: Th certificata rector, pa	Be	25. Wes casa rafarred to medical axaminer?	Hospital:		l Ou		ath (Check only	ona)		
o	this al di	. To	1 ☐ Yas 2 (C)(No	Hospital: 1/2 Inpatient 2	ER/Outpo	atient 3LI DOA			idance 6 Oth		
	D 6 9	tion	1 Natural 5 Panding 2 Accidant investigation	(Month, Day Year		ry Wo	rk?  Yes 2□No	28d. Describe	how injury occur	ed	
Division	or Attending after death. Director: After I in by the fune	Certification:	3 Suicida 6 Could not be detarmined		t homa, farm			28f. Location City or To	(Street and Numb own, Stata)	er or Rural Route N	lumber,
	To the Hospital or Attanding within 24 hours after death.  To the Funeral Director: Att completely filled in by the fun	edicai C	29a. Cartifier 1 Certifying Phyone) 1 Medicat Example 1	ysician: To the best of my kiner: On the basis of axam and mannar stated.	nowledge, d ination and/o	aath occurred at tha tier Invastigation, in my c	ma, data and place oplnion, death occ	e, and dua to the urred at the time	ceuse(s) and ma , data and place,	nnar as steted. and dua to tha caus	ea(s)
	To th To th comp	Me	29b. Signature end titla of certifiar	en m	D	29c. Licens	sa number	1	29d. Dete signer	Month, Day, Year	96
	Q		30. Nama and addrass of person who of	complated cause of deeth (I	tam 23a) (Ty	pe, Print)	- CENT	ER R	AMDA	US TON	in

State Registrar

## Item3 2-29-96 FilmG732 W.H.Per Doctor Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State

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			Filmg, 733, item #11,	3/15/96,cyw,	per in	Certi	ificate o	f Death	R	eg. No.			
		111	1. Decedent's Name (First, Middle, Li	ast)					2. Dete of Dee	th		3. Time of De	eth
	Physic			Cons	uell	a Mae	Inge	rsoll	Feb.	18	Year 96	111:38A	M
	/Medi Examii		4a. Facility Name (If not Institution, git			4 1140	21160	4b. City, Town, or		4c. County		, 11.5011	
	LAGIIII		3412 Jo-Ann D	rive				Woodlav	√n	Ba1	timo	re	
Т	Funeral	Г			(In yrs. lest		If Under 1 Yae					placa (Steta or F	oreign
	Director		176-26-9667 Usuel Rasidence of Decedent	1□M 2 <u>0</u> F	60	Yrs.	WORKIS Day	s nouts min.	02-07	-36	Phil	adelph	nia
	ylen M M		10a. Steta 10b. County		10c. City, T	own or Loca	tion				1/	0d. Inside City I	Limits
	death with the Maryland me 23a or 28a-f show c.must be notified at	Director	MD. Balti	more	W	oodla	lwn					1 ☐ Yes 2	(C) No
	E 22 B	Oire	10e. Street and Number				10f. Zip Code		1	0g. Citizen of	Whet Coun	itry?	
	23a	<u>a</u>	3412 Jo-Ann Dr	ive			21244			U.S			
		Funeral	11. Marital Status	12. Was Decedant En	ver in U,S.	13. Wa	as Decedent of	Hispenic Orlgln? (S ban, Mexican, Puer	specify Yas or No- to Rican, etc.)	14. Red	ce - America		
Maryland 21215-0020	- 0 -	þ	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorced	1 ☐ Yes 2 1 No If Yes, Giva Yeer or Detes:	0		]Yes 2₺ N		,		Bla		
Š	natural, natural,	Completed	15. Decedent's E (Specify only highest gr	ducation ade complated)	1	(Give kir	nt's Usual Occ	e during most of wo	rking	16b. Kind of B	usinass/înd	Justry	
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Ž	2 should by and Menta is marked sumstic er	10	Randolph Moor			Car of the Control			erine Ro				
Ma	0.00		19a. Informent's Neme/Reletionship	(Type, Print)				et end Number or Ri gdell Av					110
	Health Health Jem 27		20e. Method of Disposition										.13.
Baltimore,	Pages nert of net if its any or o		12 Burlei 2 ☐ Cremetion 3				ion (Neme of tory or other p			20c. Location -			
Ë	emit. Pag epartment reportant: If ny injury o		4 Donetion 5 Other (Speci		Dru			em. 2					
Ba	permit. Pages 1 and Department of Health Important: If Item 27 any injury or other to once.		21. Signeture of Funaral Service Lice		#281			ress of Facility  lips F/F	1721-27				ŧt.
			23a. Pert1. Enter tha disease, or com shock, or heert feilure. List only	inplications that caused t	the deeth. [	Do not enter	the mode of d	ying, such es cardia	c or raspiratory arr	est,	212	Approximate Interval Between	
	Physician	n i		1							1	Onset end Dea	ith
ч	/Medical		Immediate Cause (Final disease or condition	Li	nna	Ce	nucl	1				Mey	any
н	Examiner		resulting In deeth)			a conseque						1	-
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o,	deeth certificate be executed e ettending physician end ed for use es the buriel-transit	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disaese or Injury that initieted events	D	ue to (or as	a conseque	once of):						
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39	ng pt	Ved	resulting in deetil) Lest								į Į		
Box	th ce tendi			d									
_	0 0 0	sici	Pert II. Other eignificant conditions of	contributing to death but	not resultin	g in the unda	arlying cause (	given in Pert I.	23b. Did to	bacco use co	ntribute to	tha cause of d	leath?
P.0	that the dead by the deteched	Physician							1 🗆 Y	es 2 No	3 Prot	bably 4 Un	known
	es tha igned be de	by											
Records,	v requires that the been signed by th should be detech	Completed							24e. Wes a perform	in eutopsy med?	cor	ere autopsy find eileble prior to mpletion of caus	
Re	hes hes	du								_/		death?	
	Iclan: The		OF Management and American	T					1 🗆 Y		1	Yas 2□ No	1
Vital		Be C	25. Wes casa referred to medical examiner?	Hospital:				ther	ath (Check only on				
of	Physic rthis ral dir	. To	1 ☐ Yes 2 ☑ No  27. Manper of Deeth	1 L Inpatien		Outpatient b. Tima of	3LI DUA	4 LI Nursing F	lome 5 PReside			1)	
O	ding in.	tor	1 Naturel 5 Pending investigation	28e. Dete of Injury (Month, Dey	Year)	Injury	28c. inj W M 1[	ork? ☐ Yes 2 ☑ No					
Division	I or Attending efter death. Director: After d in by the fune	flca	3 Suicide 6 Could not b	20	v - At home	, ferm, street			28f. Location (St	treet end Numb	per or Rura	/ Routa Number	r.
S	or A effer Direct d in b	Certification:	4 Homicide	28e. Plece of Injur building, etc.	(Specify)		, , ,		City or Town	n, Stete)			
	To the Hospital or A within 24 hours effer To the Funeral Directompletely filled in b		29e. Certifier 1 Certifying Pr	hysician: To the best of	my knowled	dga, daath o	ccurred et the	time, dete end plece	e, end due to the ca	ausa(s) and ma	anner as st	tated.	
	n 24 n 24 ne Fu	edical	(Check only 2 Medical Examone)	miner: On the basis of e and manner stete	examinetion	end/or Invas	stigation, in my	opinion, deeth occu	irred et the time, d	ete end place,	end dua to	tha cause(s)	
	withi To th	M	29b. Signature and title of certifier	¬ ·		_	29c. Lice	nsa number	2	9d. Dete signe	d (Month, I	Dey, Year)	
			16/11	//////	111		1	12033	3	1/2-	7/9	1	
	0 -		30. Name and address of person who	completed cause of the	III (Item 23	a) (Type, Pri	int)	1 .		7	41	5	-
	26		Kenneth 7	291140	1000	777	Keis	texes do	WIN RO	Sui	t.	365	
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrer	's Signeture	)	100						
	Registr	ar	FFR 2 9 1996	Jalai Mann	Lean Ra	1.11							

DHMH 16 Rev 6/95

20 a market a reserve to the same J.C. 

SECTANT THE INVESTIGES that the death certificate be executed writin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	committee the state of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, or removal.	s medical examiner must be notified at once.
THE MISEITAL OF ATTENDING PHYSICIAN. The IAM Equires that the death certificate be executed within 24	THE FURTHER DIRECTOR After this certificate has been signed by the attending physician and completely fi	men within 2 hours are cerest with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	OFFIRE II Jam 28 is married, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
B	2	8	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF I		MENTAL HYGI							
	1. OECEDENT'S NAME (First, Middle, Last)	"HARUES	JOH	MEZN	2. DATE OF DEATH		S. TIME OF OEATH					
	012 02 1	5. SEX   6. AGE (In yes. les	yrs. Wonths Days	IF UNDER 24 HRS. HOURS MIN.	(March Day March							
TOR	80. FACILITY HAME (If not institution, give street Bon Secour	Hospit	IMOVE	DEATH 9c. COUNTY OF DEATH								
DIRECTOR	109. STATE 10b. COUNTY	VA	10c. CITY TOWN OR LOCA		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	3607 Mohal	VK Ave.	10	1. ZIP CODE 2/2/	5	10g. CITIZEH	OF WHAT COUHTRY?					
BY FUN	11. MARITAL STATUS UNKNOWN 1 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES	NO If yes, s <sub>1</sub>		HIC ORIGIN? (Specify in, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify:					
ED	15. DECEDENT'S EDUCAT	TION 16a. DE	ECEDENT'S USUAL OCCUPATE Bive kind of work done during m		16b. KIND OF	BUSINESS/INOUS	Negro					
COMPLET			UnKnot	-		unKr	10Wn					
NOS	17. FATHER'S HAME (First, Middle, Last)		3.11.0101		ME (First, Middle, Mai	den Surname)	, , , , , , , , , , , , , , , , , , , ,					
BE (	unknown			Lunkr	10Wn							
70	190. INFORMANT'S NAME (Typo/Print)  THUY Drage	x, Esq. "	b. MAILING ADDRESS (Street	and Number or Rural	-11 -	har	21202					
	200 METHOD OF DISPOSITION	20h PLACE	AND DATE OF DISPOSITION (N	ame of		LOCATION - CITY						
	1 Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	ni from State cemetery, cre	emina ( o <u>nother prace)</u>	7	3/4/96 L	ansdo	wne. Md.					
	21. BIGHASHINE OF FUNERAL SERVICE LICEN	I. Russ	22. NAME A 5056	Ph L	Russ	Funer	al Home					
	23. PART Enter the diseases, or cor shock, of heart fellure. Lis	23. PARTY Enter the diseases, or compile attors that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line.  Approximate interval Battween Onest and Desth.										
	IMMEDIATE CAUSE (Final disease or condition	SEPTIC S.	Work				Onset and Death					
	reaulting in death) a.	DUE TO (OR AS A CONSE	OUENCE OF):									
N	Sequentially list conditions, 6.	PREUMON					2 des					
ATIO	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUEHCE OF):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	OUENCE OF):									
1	PART il. Other aignificant conditiona	contributing to death but not	reaulting in the underlying	g causa given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
EDICAL	CONGESTIVE	HEART	FAILURE		PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MEC	DEMENSIA					N.	OF DEATH?					
Z	DID TOBACCO USE CONTRI				N 🗆							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	)								
ΤΥS	1 YES 2 NO 1	Inpatient 2 ER/Outpatient 3		ne 5 🗆 Residence	6 Other (Specify) 28d. OESCRIBE HO	W IN ILIEN OCCUR	en.					
BY PI	1 Netural 5 Pending	(Month, Day, Year)		DRK?	avu. OLGORIGE NO	W MOON OCCOR	il b					
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, streat, factory, offi	00	28f. LOCATION (Str. City or Town, S.	BI. LOCATION (Street end Number or Rural Route Number, City or Town, State)						
COMPLETED		AN: To the bast of my knowledge, do										
BE	296. SIGNATURE AND TITLE OF CERTIFIER	us		29c. LICENSE NU D 26	MBER 256	29d. DATE 9	IGNEO (Morith, Day, Year) 27/96					
ТОТ	30. NAME AND ACCIDES OF PERSON WHO BICH DUONG	COMPLETEO CAUSE OF DEATH (ITE	EM 27) (Type, Print) WASMUSI	M Blv	rd Se	US M	10 21230					
	31. DATE FILEO (Morith, Day, Year) FFR 2. 9 1996	32. REGISTRAR'S SIGNATURE										

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State	of	Maryla	and / [	Depa	artme	ent of	f Hea	Ith and	Mental	Hygien	E
				-							

**Physician** /Medical Examiner

Director

Funeral

by

**Funeral Director** 

28a-f show notified at ò sunt be 23a **Items** 72 hours efter 6 natural', filed within 7 Hygiena.

Baltimore, Maryland 21215-0020 Completed . Pages 1 end 2 should be fill transit of Health end Mental H lant: If item 27 is marked out Be Department of Health e Important: If item 27 Is any Injury or other trai **Physician** /Medical Examiner physician and the burial-transit the deeth certificate be executed Exami Box 68760 Physician/Medicai nse Po o ۵ Records. ģ sign 1 be Completed page 2 Division of Vital Hospital or Attanding Physician: Be Certification: To funerel After 24 hours after death. Funeral Director: A filled in by icai

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 1996 3:30AM SAMUEL JOHNSON, FEBRUARY 26, JR. 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 3807 MARRIOTSVILLE ROAD RANDALLSTOWN BALTIMORE If Under 1 Year | If Under 24 Hrs. Months | Days | Hours | Min. 6. Sex 1 ¼ ¼ 2 □ F 7. Age (In yrs. last birthdey) 5. Social Security Number 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) Months Yrs. 215-14-9268 Oct. 8,1 MD Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Baltimore Randallstown 1 Yas 2000 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3807 Marriotsville Rd. 21133-2403 USA 12. Was Decedent Ever in U,S. Armed Forces? X ₹□ Yes 2 □ No If Yes, Give Year or Dates: WW I I 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Biack, White, etc. 1 Never Married 2 Married Specify: Black 1 ☐ Yes ŽÍŽNo Specify: 3 Widowed 4 □ Divorcad 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) yrs. Postal Clerk U.S. Post Office 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Samuel R. Johnson, Sr. Blanch Ruff 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Louise Hancock 2925 Baker St. Balto., MD 21216 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Garrison Forest VA 3/4 Owings Mills, MD 21. Signifum of Funeral Servica Licensee 22. Neme and Address of Fecility James A. Morton & Sons Funeral Home eo U. 1701 Laurens St. BAlto., MD Part The disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, show, or heer failure. List only one cause on each line. Approximate Intervel Between Onset end Death Immediate Ceuse (Final GUNSHOT WOUND OF HEAD disease or condition resulting in deeth) Due to (or es a consequenca of):

Due to (or as a consequence of)

Due to (or as a consequenca of):

Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy

24b. Were autopsy findings available prior to completion of cause of death?

1 X Yes 2 □ No

1 TYPes 2 □ No

25. Was case referred to medical examiner? 26. Place of Death (Check only one)

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5XX esidenca 8 Other (Specify) ¥ Yes 2 No 27. Menner of Death

24 Gaterof Injury 2 POUND 2/26/1996 3:10A M 28c. Injury at Work? 1 ☐ Yes 2X No 28d. Describe how injury occurred SELF-INFLICTED GUNSHOT

WOUND

28f. Location (Street and Number or Rural Route Number, 3 80 9 ToMASKINIOTSVILLE ROAD RANDALLSTOWN, MARYLAND

AT HOME

1 Cartifying Phyalcian: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and mainter as stated.

[Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Dey, Year)

O.C.M.E.

FEBRUARY 26, 1996

30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

MARIO F. GOLLE JR. M.W. 111 Penn Street, Baltimore, Maryland 21201

31. Date filed (Month, Dey, Year) State B 2 9 1996 Registrar

1 Naturel

2 Accident

3 Suicide

29e. Certifier (Check only one)

4 Homicide

29b. Signiture and title of certifier

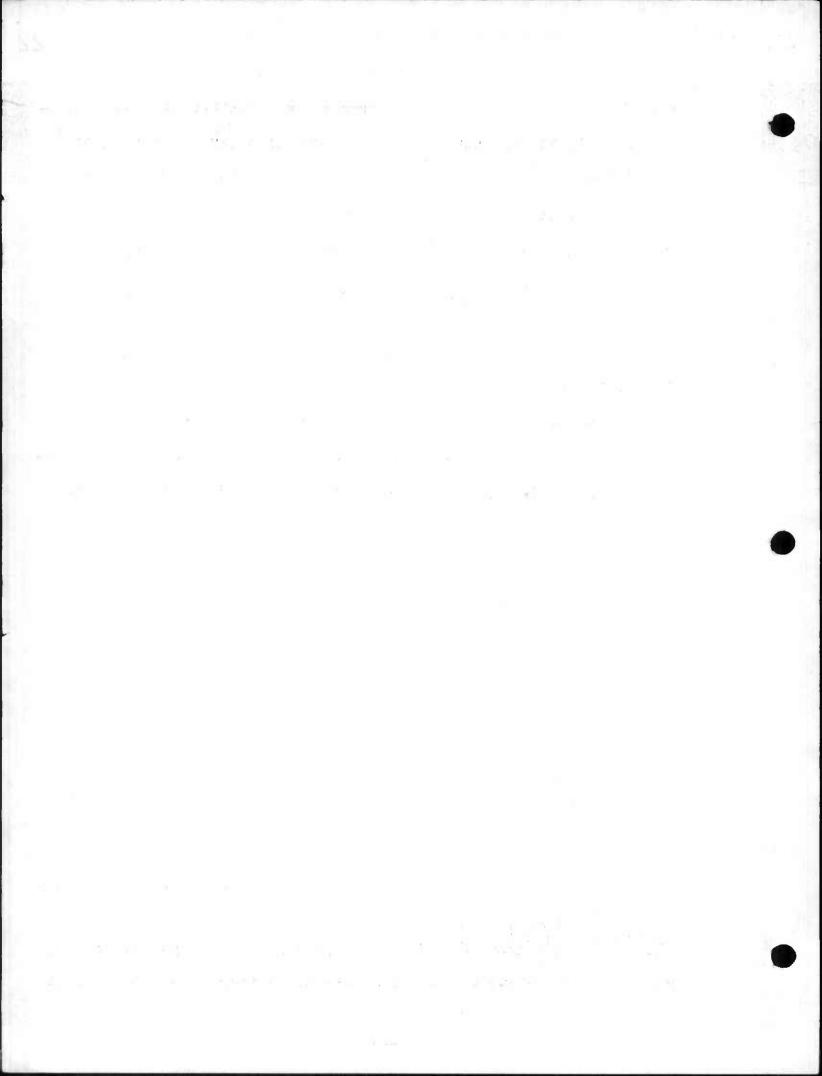
5 Pending

investigation

6 Could not be determined

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last

32: Re<del>gistr</del>er's Signature



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple. 05623

P					State of	Marylan		artment of	f Health and of Death		giene Reg. No.		00020
	535		1. Decedent's Nar	ma (First, Middla, La:	st)					2. Date of De	ath		3. Tima of Death
	Physic		LUCILL	E				JOHNSC	N ·	Month FEBRUAR	Day Y 26,	Year 1996	3:30AM
	/Medi Exami		4a. Facility Name	(If not institution, give	a street and numi	ber)				Location of Death			J. JUAN
			3807 M	ARRIOTSV	ILLE R	OAD			RANDALI	LSTOWN	BALT	IMOR	E
	Funerai Director		5. Social Sacurity   215-22-		ax □M ŽÎF 7	. Aga (In yrs. i	last birthday) 65 Yrs.	If Undar 1 Ys Months Da				9. Birthp Coun	laca (Stata or Foraign try) VA
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	with the Marylan a or 28a-f show be nothed at	Director	MD		timore	,		llsto	wn			1	0d. Insida City Limits 1 ☐ Yas 2 ☐ No
	라 2 M	Dire	10e. Street and Nu					10f. Zip Cod			10g. Citizan of t	What Coun	try?
	23a xust k	2	3807 M	larriots					3-2403		USA		
07	72 hours effer death with the Maryland naturel; or items 23a or 28a-f show oldel. Examiner roust be notified at	/ Funeral		ried 🎾 Married	12. Was Daced Armed Ford 1  Yas 2 If Yas, Giva	as? ⊉IÑo	l I	Vas Dacedant of Yas, specify C	of Hispanic Origin? ( cuban, Maxican, Pua No <i>Specify:</i>	Specify Yas or No rto Rican, atc.)		ck, Whita, a	atc.
00	72 hours natural', dical Ex	d by	3 ☐ Widowed	4 Divorcad	Yaar or Dat	as:							
Maryland 21215-0020	n 72 "net	Be Completed		15. Decedant's Ed cify only highast gra	da complated)		16a. Deced (Giva life. I	lant's Usual Oc kind of work do OO NOT use rei	cupation ina during most of wi tired)	orking	16b. Kind of B	usinass/Ind	lustry
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/lar	0 0 0	To B	Samue1	Pryor					Pau	line Fo	ord		
lan	and h		19a. Intormant's N	lame/Ralationship (7	Type, Print)	5	19b. Mailin	g Addrass (Str	eet and Number or F	Rural Routa Numb	er, City or Town,	Steta, Zip	Coda)
	alth 27		Louise	Hancock			2925	Baker	r St. Ba	1to., M	ID 2121	. 6	
ore	gas 1 a		20a. Mathod of Dis	sposition  Cramation 3	Damoual from St		lace of Dispo ematary, cran	sition (Nama of natory or other	place)	Data	20c, Location -	City or To	wn, Stata
Ë	Pegas ment of l ant: If its ury or o			5 Other (Specify		Ga	rriso	n Fore	est	3/4	Owings	Mil	ls, MD
Baltimore,	permit. Pegas Department of Important: If I any injury or once.		1 Jas	unaral Sarvice Licen	More	471	J 1	ames A	drass of Facility A. Morto aurens S	t. Balt	O., MI		217
	Physician /Medical		Immediata Cause	(Final		,			dyling, such as cardio		rrast,	1 1	Approximate Interval Batween Onset and Death
	Examiner	le.	rasulting in death)	011	a		r as a conseq		.o, o, p			1	
	be executed ician end burial-transit	Examiner	Sequentially list co	onditions,	b	Due to (or	as a consaq	uance of):					
8760,	ate be ex hysician tha buria	dical E	Sequantially list or if any, laading to it causa. Enter Und Cause (Disaasa of thet Initieted event	arlying r injury	c							-	
9	laath cartificate attanding physical	0	rasulting in death)	Last	đ	Dua to (or	as a consaq	uance of):					
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P.O.	requiras thet tha daath een signed by tha atta hould be dateched for	y Physician/M	Part II. Other eigni	ificant conditiona co	ontributing to dea	th but not rasu	ilting in tha ur	ndarlying causa	givan in Part I.	23b. Did			the cause of deeth?
Records,	been si should	Completed by									an autopsy med?	ava	ara autopsy findings allabla prior to applation of causa death?
R	Tha lav ata hes paga 2	Eo								100	Yas 2□No	10	Yas 2□ No
Vital		Bec	25. Wes casa rate	rred to medical					26. Place of De	ath (Check only o			
f V	S 50	To	axaminer? 1X Yas 2□	] No	Hospital: 1   Inp	patient 2	ER/Outpatian	3□ DOA	Other	Homa 512 Rasi		er (Specify	()
n of			27. Menner of Dea 1 ☐ Naturel	th 5 Panding	28a. Data of (Month,	Injury Day Year)	28b. Time of Injury	28c. li	njury at Work?		now injury occur		
Sio	Attending Phirdeath.	satic	2 Accidant	invastigation	2/11	101	0310	<b>△</b> M 1	I∏Yas 2∭NNo		4	SHOT	
Division	or At after o Direct in by	Certification:	3 ☐ Suicida 4 ☐ Homlcida	6 Could not be daterminad	28a. Place of building	l Injury - At ho , atc. <i>(Specif</i> y	ma, farm, stra	aat, factory, offi	се	4.19	Straat and Number, State)	1 10 1	RD MID
	e Hospital n 24 hours e Funeral detely filled	edical	29e. Certifier (Check only one)			is of axaminat			a time, date end pled ny opinion, death occ	e, end due to the	ceuse(s) end ma	annar as st	
	William William To the Omple	Me	29b. Signature and	title of certifier	A A		_ ^	29c. Lic	anse number		29d. Data signe	d (Month,	Day, Year)
1	0 )		D/John	MM	- 4Del	NA	7 11	0.	C.M.E.		FEBRUA	RY 2	6, 1996

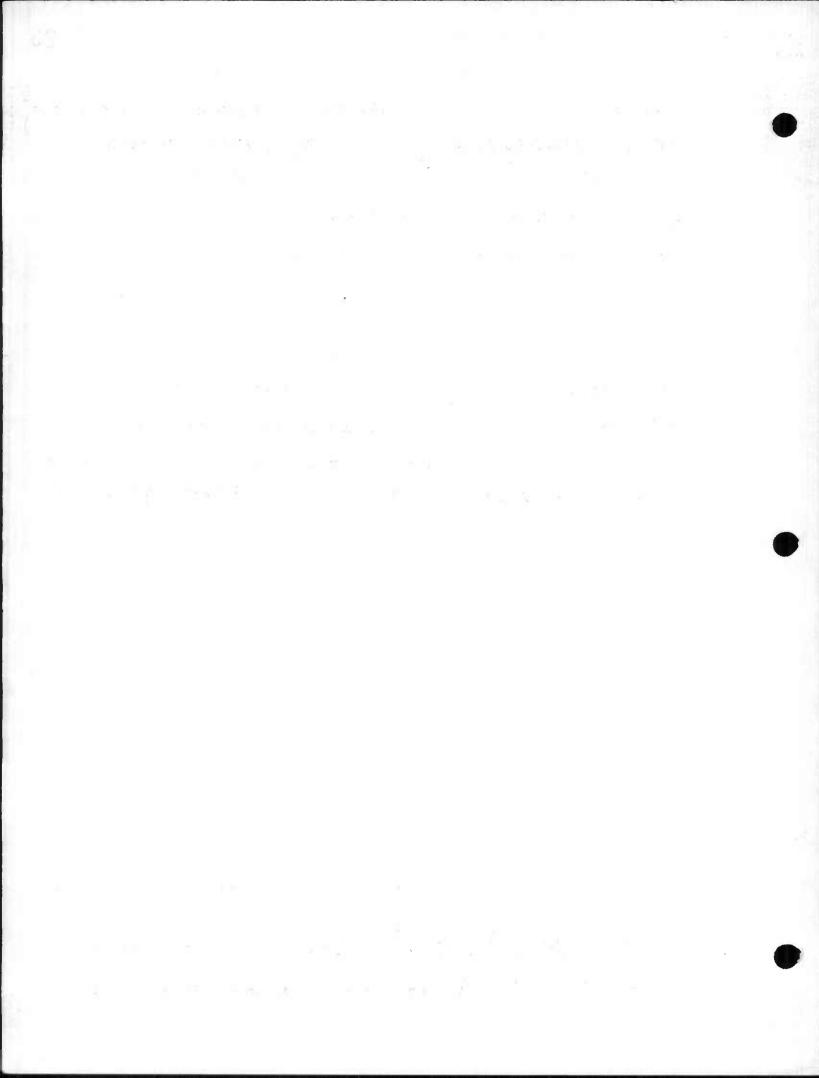
Registrar

MARIO

# GOLLEJRMA 31. Data filed (Month, Day, Year) FEB 2 9 1996

Penn Street, Baltimore, Maryland 21201

ath (Kam 23a) (Typa, Print)



**Physician** /Medical Examiner

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

ģ Completed Be P Medical Certification:

25

1 Neturel

2 Accident

3 Sulcida

29a. Certifier

4XXHomicide

signed by the a

certificate

this

After

within 24 hours efter death To the Funeral Director: completely filled In by the

death.

ŭ	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying	b	Due to (or es e consequence of):	
200	Cause (Diseese or Injury thet Initieted events resulting In deeth) Last	c	Due to (or as e consequence of):	
rilysicia	Pert II. Other significant condition	ns contributing to	death but not resulting in the underlying cause given in Pert I.	23b. Did tobacco use contribute to the cause of death?  1  Yes 2 No 3 Probably 4 Unknown

24e. Wes an autopsy performed? 2 No

24b. Were autopsy findings available prior to completion of ceuse of deeth?

one

2□ No

25. Wes cese referred to medical exeminar?				26. Plece of De	eth (Ch	neck only one)	
XXYes 2 No	Hospitel: XXInpatient	2 ☐ ER/Outpatient	3□ DOA	Other: 4 Nursing I	loma	5 Residenca	8 Other (Specify)
27. Menner of Death	28a. Dete of injury	28b. Time of	28c.	injury at	28d	Describe how ini	ury occurred

28a. Dete of injury (Month, Dey Year) 28b. Time of Injury 28c. injury at Work? 5 Pending Investigation 2-21-96 5:30 6 Could not be

1 Yes 2 XXNo

28d. Describe how injury occurred SUBJECT WAS ASSAULTED

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Location (Street end Number or Rural Route Number, City or Town, Steta) 2700 BLK. CLASSEN ST. BALTIMORE, MARYLAND

XIX Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. 29b. Signeture and title of certifier 29c. Licanse number

O.C.M.E

10 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and dua to the ceuse(s) end menner es steted.

29d. Dete signed (Month, Dey, Year) FEBRUARY 22, 1996

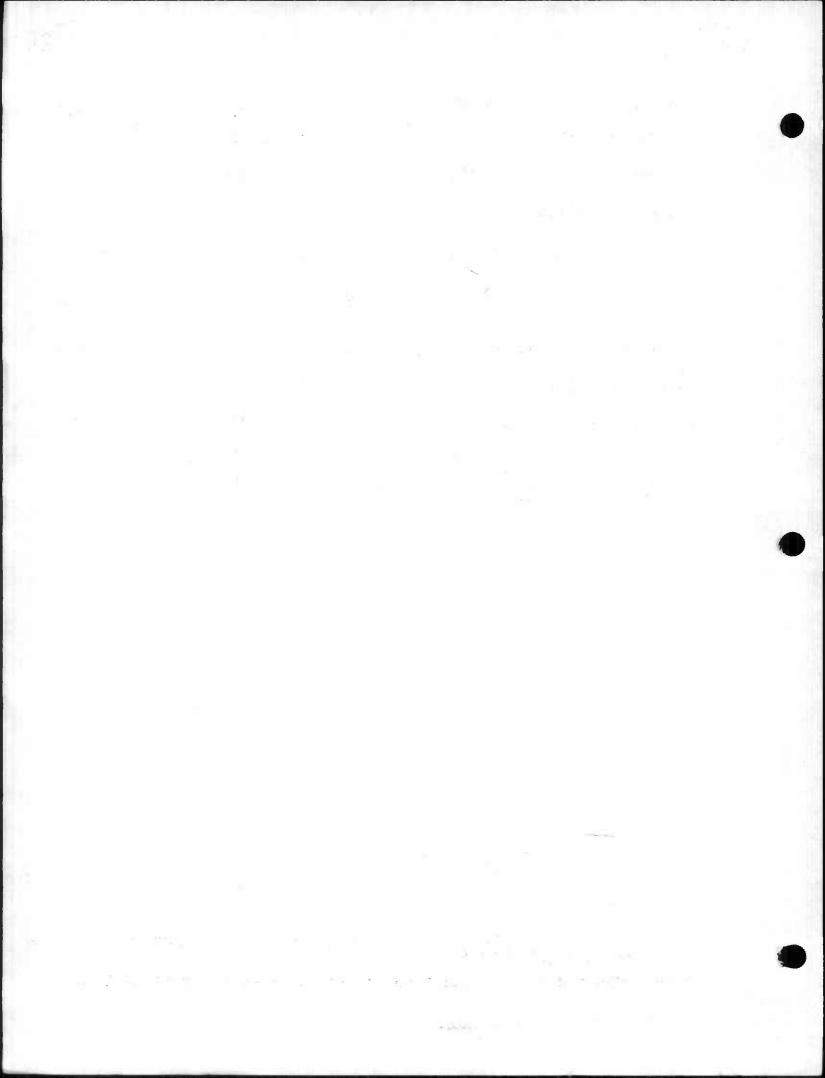
30. Name end eddress of person who empleted ceuse of deeth (Item 23a) (Type, Print)

Dennis Chute M.D.

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture Julia de descerbe

enno



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple. 0.5625State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Day 2.5 TOM WAYNE KINSLER FEBUARY 1996 11:50 AM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner WOODBINE CARROLL JOHN PICKETT ROAD If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Oct. 26, 1 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 187 M 2□ F Yrs Director 24 1971 217-02-7777 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Modical Exeminer must be not lised at Carroll Woodbine Maryland Maryland Director 1 ☐ Yes 2 ☐XNo 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? with 7562 John Pickett Road 21797 United States death Funeral 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Americen Indian, e filed within 72 hours after of Hygiene. other than "natural", or iter Black White etc. 1 ☐ Yes 2 ☑ No If Yes, Give 1 Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 1 No White þ Specify 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Carpenter WH Brown & Son 17. Fethar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) 12 should be find the head Mentel H Be H. Wayne Kinsler Elizabeth Pickett 2 permit. Peges 1 and 2 st Depertment of Health end Important: If Item 27 is m any injury or other traum 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 7562 John Pickett Road Woodbine, MD Mr. and Mrs. H. Wayne Kinsler 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 Buriai 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) Carroll Cremation, Inc. 2/29 Hampstead, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Burrier-Queen Funeral Directors, P.A. mod مور 1212 W. Old Liberty Road Winfield, MD 21784 Inter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, or heart failure. List only one cause on each light Approximate Interval Betwean Onset end Death Physician /Medical Immediala Causa (Final TIPLE INJURIES disease or condition resulting in death) Examiner Due to (or as a consaquance of) Examiner bunel-trensit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that Initiated avants resulting in death) Lest Due to (or es e consequence of): physiclen the burie Physician/Medical Due to (or es a consequence of): 80 980 the Part II. Other algrifficant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yee 2 No 3 Probably 4 Unknown þ 8 24b. Were autopsy findings eveileble prior to complation of cause of deeth? 24e. Was an autopsy Completed peen has 1 Yes 2 □ No certificate 1 Yes 2 No Attending Physician: Be 25. Wes casa referred to medical examiner? 26. Place of Death (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 1⊠ Yes 2 No Other: 4 Nursing Home 5 Residence XXOther (SpecifyROADWAY this funeral 28d. Describe how injury occurred PRIVER OF THOTORCYCLE, VS PICK-UP 27. Manner of Deeth 28b. Time of 28a. Date of Injury (Month, Day Year) Certification: 28c. Injury et Work? After Injury 1 Natural 5 Pending I or Attendin efter death. Director: Aft 1 ☐ Yes 2 XNo 2 Accident 3 ☐ Suicide 2-25-96 TRUCK COLUSION
Location (Street and Number or Rural Route Number,
City or Town, Stete) investigation 1150 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Spacify) 4 - Homicide STREET JOHN PICKETT ROAD WOODBINE MD

1 Certifying Physician: To the best of my knowledga, death occurred at the tima, data and place, and dua to the cause(s) end manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the tima, date end place, and due to the cause(s) end mapping stated. 24 hours e 29a. Certifier Medical (Check only one)

Division of Vital 0

Box 68760.

P.O.

Records,

29b. Signature and title of certifier

29c. License number

29d. Dete signed (Month, Day, Year)

O.C.M.E.

FEBUARY 26,1996

30. Name end eddies of person who completed cause of Count (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Data filed (Mornet, Dey, Year)

32. Registrar's Signeture Luka Davidson



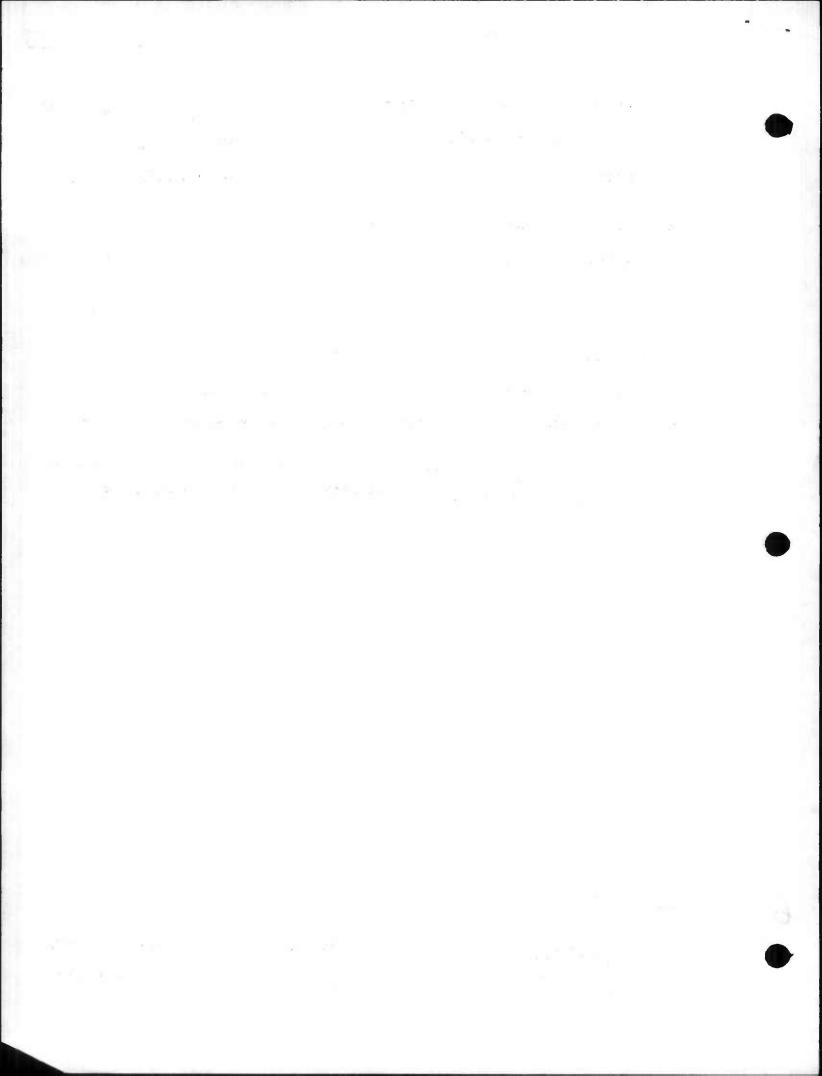


## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 05626

State of Maryland / Department of Health and Mental Hygiene

Physicia /Medic Examin Funeral		The state of the s									3. Time of Dea
Examin		PAULINE	A	KAL	B			Month	Dey	Yeer	2206
Funeral		4e. Fecility Neme (If not institution, give	street and numbar)	8		(3	4b. City, Town, or BALN	Location of Deet	position of Deeth vorte N/A  B. Date of Birth (Month, Day, Year) Jan 31, 1937  10g. Citizen of Whet C U.S.A.  acity Yes or No- Rican, atc.)  16b. Kind of Business  Own Ho  a (First, Middla, Maiden Sumame)  Thurlow al Route Number, City or Town, State, Baltimore, MD 20c. Location - City or Inc. Randallstown, MD or respiretory errest,	of Death	
Funeral		Sociel Security Number 6. Se		(In yrs. last birthd	ev) If Un	der 1 Yaar					loss (Ctato or Fo
Director			IM SINE	59 Yrs	Monti		Hours Min	. (Month, Da	y, Year) , 1937		lece (State or Fol try) aryland
with the Maryland a or 28a-f show	۲	10a. State 10b. County		10c. City, Town o						10	Od. Inside City Lin
he M	Director	Maryland Baltin	nore	N	/A	-					1 ☐ Yas 20K
23a or	ai Dir	7726 Johnnycake	Road		101.	Zip Code 21	244				try?
filed within 72 hours after death with the Maryland Hygiene. The filed in the filed of 28e f show out, the Medical Examinet Count to notified at	by Funeral	11. Marital Status  1 □ Never Married 2⊠ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedant Ex Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Dates:	ver in U,S.			dispanic Origin? (S an, Mexican, Puar Specify:	Specify Yes or No to Rican, atc.)		ok, White, e	etc.
n 72 hours natural',	8	15. Decedent's Edu		16e. De	cedent's U	suel Occup	netion		16h, Kind of B		hite
nd 2 should be filed within 72 lith and Mental Hyglene. 27 Is marked other than "na fraumatic event, in a Media	Completed	(Specify only highest grad Elementery/Secondery (0-12)	a completad) College (1-4or 5+	(G	ive kind of e. DO NO	work done use retire	during most of wo d)	orking			
Hygie ther mt, m	ပ္	12 Years 17. Fethar's Nema (First, Middle, Last)				nous	ewife	me /First Middle			
o d be	o Be		ornig							10)	
shour mark meti	2	19e. Informent's Name/Reletionship (7)		19b. M	eiling Addr	ess (Street	Ant			State 7in	Code)
Ith ar Ith ar 27 Is		Mr. David R. Kalb	, , , , , ,				ce Road			212	
oges 1 ar nt of Hea or other	1	20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 ☐ F	lemovel from State	20b. Plece of Di		er .					
men men my		4 ☐ Donetion 5 ☐ Other (Specify)		Lorrain	e Par	k Cer	netery	Mar 1,	Woodlav	vn. Ma	aryland
permit. Peges 1 and 2 Depertment of Health a Important: If item 27 is any injury or other trai		21. Signature of Funeral Service Licens  te alia M	Jenk	vis	Lorin	g Bye					21133
Physician		23a. Pert1. Enter the disease, or compleshock, or heart feilure. List only of	cetions thet caused the ceuse on eech line	he death. Do not	anter tha m	ode of dyi	ng, such as cardia	c or respiretory e	rrest,		Approximate Intervel Between Onset and Deeth
/Medical Examiner		Immediate Cause (Finei disaase or condition resulting in daeth)	KLE	BSIEU	\	PNE	EU MONIA				SOMS
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ansit	듄	AT THE RESERVE OF THE PARTY OF	).		1	SPLAN	1.1				60 DTMS
exec tn an nel-tn	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		ue to (or as e con		-					
intricate be executed ing physician and as the bunel-transit	Medicai Examiner	thet initiated events resulting in deeth) Lest	Di	ue to (or es a cons						1	
death cert e ettendin d for use	Physician/	Pert II. Other significant conditions con		not requising in the	o um do dudo		on la Don t	not Did			Manager at de-
A 0	Phys	r or ii. Other significant conditions con	imputing to death but	not resulting in th	e undenyin	g cause gn	van in Part I.				ably 4 Unk
0.00	Completed by							24e. Wes	en eutopsy rmad?	eve	re autopsy findin ilable prior to apletion of causa deeth?
ine iaw ata has page 2	EOC							10	Yes 2 No	1□	Yes 2 No
certificata	Be (	25. Wes case referred to medical exeminer?					26. Plece of De	eth (Check only o	one)		
rnysician: this certific ral director,	ို	1 ☐ Yes 2 ☐ No	lospitel: 1 Inpatient	2 ER/Outpe	tient 3□	DOA Oth	er: 4 ☐ Nursing I	Home 5 ☐ Resi	dence 6 □Oth	er (Specity	)
Affer		27. Menner of Deeth  1 Neturel 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Day	Year) 28b. Time Injur		28c. Injui Wor 1 🗆	y et k? Yes 2 □ No	28d. Describe	how injury occur	red	
The five transplant of Attended to the five transplant of the former of the former of the five transplant of the f	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Injury building, etc.	y - At home, ferm, (Specify)	street, fact	ory, offica				per or Plural	Route Number,
24 hours 24 hours Funeral etely filled	edicai	29a. Certifier 1 Certifying Phys (Check only 2 Medical Exami	ician: To the best of her: On the basis of e end manner stete	xaminetion eng/oi	eth occurre Investigeti	ed et the tir on, In my o	ne, dete end plece pinion, deeth occi	e, end due to the urred et the time,	cause(s) end me date end plece,	enner es ste end due to	eted. the cause(s)
Tombia	Me	29b. Signature and title of certifier				29c. Licans	a number		29d. Data signe	d (Month, I	Day, Year)
1		1 Those					6015		FER	27	1996
		30. Name and address of person who continued the second of	mpleted cause of dee	Brun Mon		Mb.	UNIV 0F	MATRICA	~o. Roc	~ N4	1W94

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month Martin HOWARD 27,1995 Lawson February 11:34 A /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Maryland General Hospital Baltimore City Baltimore City If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 9. Birthpiece (State or Foreign BALTIMORE, MD 7. Age (In yrs. last birthday) **Funeral** Deys 1 ₩ 2 □ F 46 214-54-7243 Director Yrs. Usuei Residence of Decedent should be filed within 72 hours after death with the Meryland nd Meniel Hygiene. marked other than "natural", or ferma 22a av 20a 1. 10a. State 10b. County 10c. City, Town or Location r than "natural", or Items 23a or 28a-f show the Medical Exercises rount be notified at 10d. Inside City Limits XX Yes 2 □ No BALTIMORE Director 10a. Street and Number 10g. Citizen of What Country? UNITED STATE 10f. Zip Code STATES STREET 21217 2114 DIVISION by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ Yo If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, apecify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bieck, White, etc. 11. Maritai Status 1 Never Merried 2 Married 1 ☐ Yes XX No Specify: BLACK Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) 12 SANITATION WORKER CITY of BALTIMORE th 18. Mother's Neme ( Vimara 17. Fether's Neme (First . Peges 1 end 2 should be file ment of Health end Mentel Hant: If item 27 ie merked oth jury or other treumstic even Be Leroy John Lawson Sr. **LEROY** VINARA E. RUSSELL -L/WSON 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) VIMARA LAWSON DIVISION ST., BALTIMORE, MD 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, State 1 Burlai 2 Cremation 3 Removal from Stete Department of important: If eny injury or once. RANDALLSTOWN, MD MEMOR IAL PARK 3-1-96 4 ☐ Donetion 5 ☐ Other (Specify) KING 21. Signeture of Funerei Service Licensee 22. Name and Address of Facility WM. C. MARCH FH.-1101 E. NORTH AVENUE 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximete tntervel Between Onset end Deeth Physician /Medical immediete Ceuse (Finel Septic Shock disease or condition resulting in deeth) **Examiner** Due to (or es e consequence of): Examiner Pneumonia - Pneumococcag with Bacteremia To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 bours effer death.
To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in both of the the director, page 2 should be deteched for use as the bunel-transit completely filled in the truncal director, page 2 should be deteched for use as the bunel-transit Sequentielly ilst conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of): Physician/Medical Due to (or as a consequence of) USB BS Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 3 Probably XX Unknown 1 Yes 2 No Renal Failure, Respiratory Failure þ 24b. Were autopsy findings available prior to completion of cause of death? Be Completed 24e. Wes en eutopsy performed? 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 XX 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Menner of Deeth 28a. Dete of injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred XX Neturel 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medicat Examtner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) end menner stated. 29e. Certifier Medical 29b. Signeture and the contrilier 29c. License number 29d. Dete signed (Month, Day, Year) 89230

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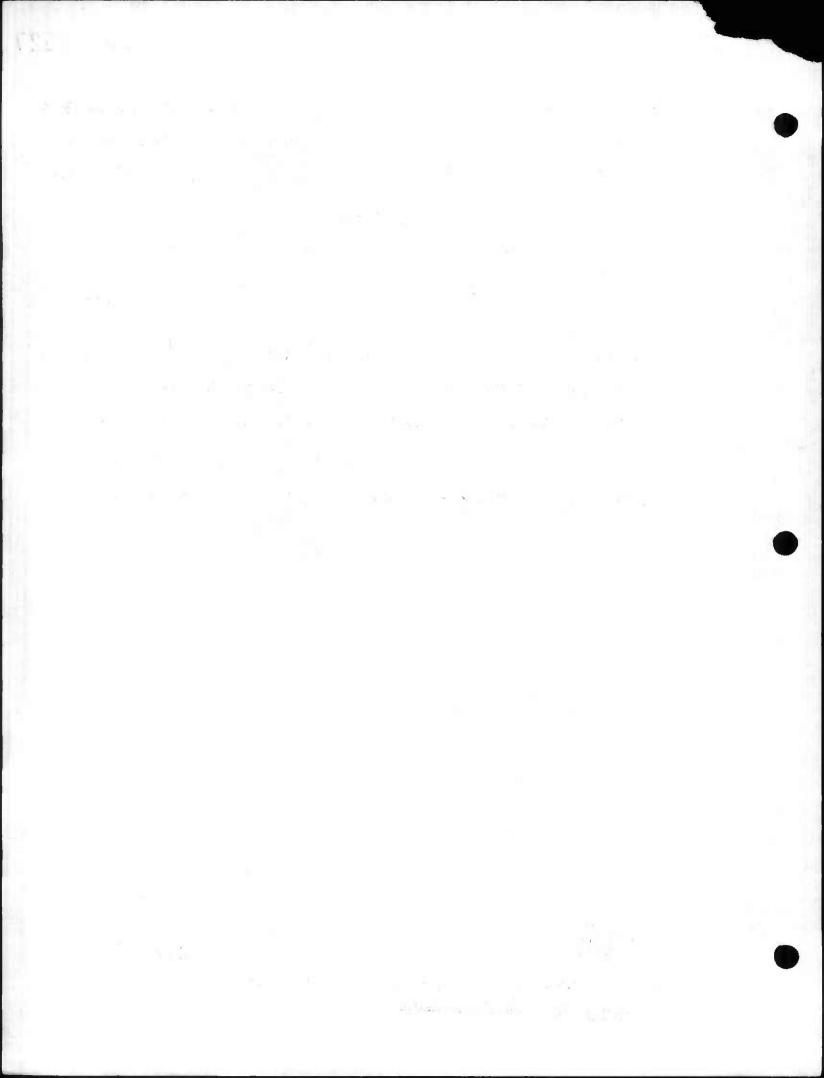
State Registrar

Toehio, M.D. c/o Maryland General Hospital Ruby Jean 31. Dete filed (Month, Day, Year) FEB 2 9 1996 32. Registrer's Signety

30. Name end eddress of person who completed cause of deeth (item 23a) (Type, Print)

Baltimore, Maryland 21215-0020

Division of VItal Records, P.O. Box 68760,



F VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.	ID THE HOSPITAL OR ATTENDING PH	TO THE FUNETALL DIRECTOR: After this certificate has been signed by the attendit	INFORTANT II Item 28 is marked, or item 23 shows any Injury, or

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			TO DEATH	2. DATE OF DEATH		3. TIME OF DEATH	
	Helena	Love	ery		February		6 8 P H	
	4. SOCIAL SECURITY NUMBER		8600	JADER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	IRTHPLACE (State or Formum ountry)	
	214-20-0022	1 D M 2 5x 75	& YRS.		August 25		umpter,	
œ	Se. FACILITY NAME (If not institution, give :		96.	CITY, TOWN OR LOCATION OF D	EATH	9c, COUNTY	outh Carolin	
DIRECTOR	1006 Ashburt	on St.		Balto.			n/a	
H 0	10a. STATE 10b. COUNT	Y	10c, CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?	
	MD	n/a	Ba1	timore			YES 2 NO	
3AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	1006 Ashbur			2121	6	USA		
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cubsn, Maxic	an, Puerto Rican, atc.)	or No 14. 1	RACE — American Indian, Black, White, atc.	
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 YES 2 NO Speci	ffy:		Black	
ED	15. DECEDENT'S EDU (Specify only highest grade	JCATION COMPLETE	16a. DECEDENT'S USU		16b. KIND OF BUS	NESS/INDUST		
ET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rel	,	Health Nursin	Care		
COMPL	6th		Nurse	s Aide	Nursin	g Hom	e	
၀	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Maiden S	Sumame)		
BE	Unknown  19s. INFORMANT'S NAME (Type/Print)				knovn			
2				DRESS (Street and Number or Rural			·	
	Ruth Lovery	200	. PLACE AND DATE OF D	shburton St		ATION - City		
	1 Securial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from Stata cem	netery, crematory or other i	decel	2/20			
	21. SIGNATURE OF FUNERAL SERVICE LI	CINNEL	16. 21011	22. NAME AND ADDRESS OF F	ACILITY	alto.		
	TOBIUS A	12101		Leroy O. Dy	ett And S	on Fu	neral Home	
	23 PART I Enter the diseases or	COLUMN TO THE PROPERTY OF THE PARTY OF THE P	t the death. Do not	4600 Libert	y Hights A	ve Ba	1to. Md.	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, interval 2.1							
	iMMEDIATE CAUSE (Finel disease or condition	Kruto	MAA	ocandia	in Sanct	LiM	Onset and Death	
	reaulting in deeth)	e. DUE TO (OR AS A	CONSEQUENCE OF:	0 0010 0 (	Victoria	60.1	JOMAN	
z		· Histor	IV DU	ocandial	11 Jens D	15-490	Le & minte	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	OBE TO (OR AS A	CONSEQUENCE OF					
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. OHE TO (OR AS A	CONSEQUENCE OF):					
Ē	thet initiated eventa resulting in death) LAST	DOE TO CON AS A	CONSECUENCE OF).				i l	
S		d						
AL.	PART II. Other significent condition	ne contributing to deeth b	eut not reeulting in ti	ne underlying ceuse given in	Part I. 24e. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDIC					1 YES 2	Tho	COMPLETION OF CAUSE OF DEATH?	
2							1 - YES 2 10 10	
Ä.	DID TOBACCO USE CONT	RIBUTE TO CAUSE O			IN L.			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 (V YES 2 \sum NO	HOSPITAL:		HER:				
PHYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b, TIME O	Nursing Home 5 Residence	8 Other (Specify)  28d. DESCRIBE HOW IN	IIIBY OCCUPE		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?  M 1 YES 2 NO	250. DESCRIBE NOW IN	JUNI OCCURE		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	At home, ferm, atree		281. LOCATION (Street as	nd Number or R	ural Route Number,	
TED	4 Homicide determined	building, atc. (Spec	cify)		City or Town, State)			
PLET	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	ledge, death occurred at	the time, data and place, and du	e to the cause(a) and man	per as stated.		
COM				my opinion, death occured at th			use(a) and menner ea statud.	
U U	296. SIGNATURE AND TITLE OF CERTIFIE	n 20 m		29c. LICENSE NO	JMBER	29d. DATE SIG	NED (Month, Day, Year)	
m	Ban 3al	4 (m)		()/	8711	D 50	6 28/96	
2	35 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (TEM 27) (Type, Brit	2	231 1000	an las	core spus	
	DEVENTINO	1- Com2	Mes. J	K WW).	balton	V.	m 21211	
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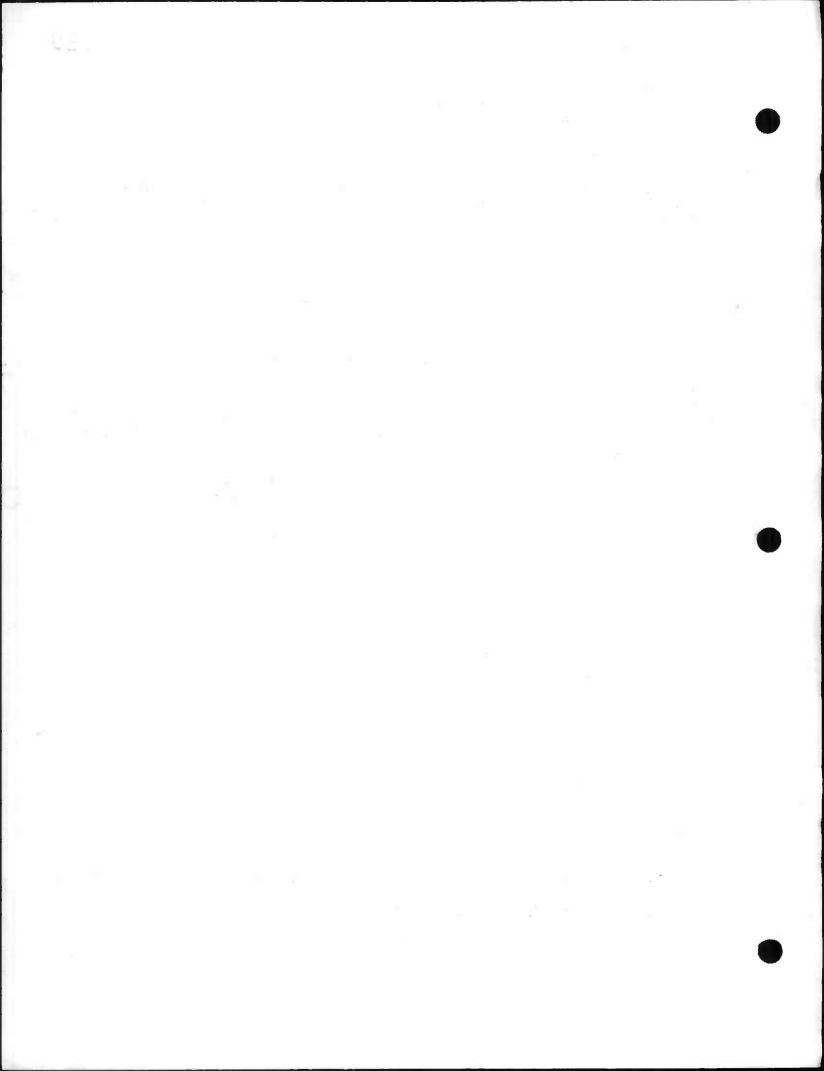
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DIVISION OF VITAL RECORDS, P.O. B

or attending physician.	5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should			
HE MUSHIAL UK ALLENDING PHYSICIAN. THE LAW REQUIRES THAT THE DEATH CATHICATE DE EXECUTED WITHIN 24 HOURS ATTEL DEATH. PAGE 5 MAY DE RETAINED BY THE MOSPITAL OF ALL	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	PORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
1	5	Pe	Ž.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT OF	HEALTH AND	D MENT	AL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest)	caster LA	JOHN LANCASTER			MO	TE OF DEATH A	NUARY	16	3. TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER 231-76-2859	SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								PLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give Church Hospital RESIDENCE OF DECEDENT	street and number)			n on location of timore			Bc. COUNTY			
DIRECTOR	10a. STATE 10b. COUNT UNKNOWN UNKNOWN			nknown	CATION					10d. INSIDE CITY LIMITSOLULOUS 1 YES 2 NO	wr
	100. STREET AND NUMBER UNKNOWN				101. ZIP CODE UNKNOWI	n		10g. CITIZEN UNRY	OF WI	HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NQ	If yes,	DECENDENT OF HIS specify Cuban, Max (ES 2 X NO Spe	rican, Puert	GIN? (Specify Year to Rican, atc.)	or No.— 14.	Black,	- American Indian, White, etc. Black	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT (Give kind o life. Do NOT UNRNOW	If work done during use retired.)	ISUAL OCCUPATION with done during most of working retired.)  16b. KIND OF BUSINESS/INDU: UNROWN						
BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN	пигиоши.	<u>L unknow</u>	71	18. MOTHER'S	NAME (Firs 2NOWN	t, Middle, Malden				
TO B	19a. INFORMANT'S NAME (Type/Print) UNKNOWN		19b. MAILIN UNKNO	IG ADORESS (Street	et and Number or Ru	ral Route Nu	imber, City or Town	n, State, Zip Coo	fe)		
	20a. METHOD OF DISPOSITION 1   Buriel 2   Cremation 3   Ren 4   Donation 5   Other (Specify)   N	State rem	p. PLACE AND DATE metery, crematory or	other place)		1		CATION — CHY			
	21. SIGNATURE OF FUNERAL SERVICE LI RONale Ronald	4. Wads		Att	N Balty	MAL	me	Bares	ul	ard Marylan 21201	d
	23. PART I. Enter tha diseases, or shock, or haart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pulmov	nary E	mbolu		uch es ca	ardiac or seapl	retory arrest		Approximate Interval Batwee Onset and Deat 30 minute	th
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  Du to (or as a consequence of):  OUE TO (or as a consequence of):  OUE TO (or as a consequence of):  OUE TO (or as a consequence of):										
PHYSICIAN: MEDICAL C	PART II. Other significent condition	Drug Abus	out not resulting	j in the underly	ring ceuse given	In Part i.	24s. WAS AN PERFORI	MEDZ		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	,
CIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DE	ATH (Check only o		AIN 🗹					$\dashv$
HYSI	1 Tes 2 NO 27. MANNER OF GEATH	HOSPITAL: 1 Inpatient 2 ER/Outs 28s. OATE OF INJURY	patient 3 DOA	-	ome 5 - Residenc	7	her (Specify)	HIBA OCCUB	ED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IP.	M 1	WORK? YES 2 NO		EQUINDE TOTAL	100111 000011			
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, etc. (Spec	' — At home, farm.	, street, factory, o	Mica	281. LC	OCATION (Street a ty or Town, State)	nd Number or F	iural Ro	uts Number,	
COMPLETED		ER: On the best of my know							use(a)	and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE  ALONGE C. W.	illott n.I	٥.		29c, LICENSE N			Janu		Month, Day, Year) 9, 1996	1
	George E. Wi	CCS TO M.	D. 10	ON.B	voadway	y 2	1231			,	
	31. DATE FILED (Month, Day, Year) FFB 2 9 1996									٦	



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** Harry Levinson 24, 1996 Feb. 8:55 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Pickersgill Retirement Community BALTIMORE BALTIMORE 7. Age (In yrs. last birthdey) If Under 1 Year II Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociei Security Number Birthplece (State or Foreign Country) **Funeral** Deys 212-09-4761 1 M 2 F 80 Yrs. Director JULY 9, 1915 BALTIMORE, MD Usual Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ai', or itams 23a or 28a-f show Examiner must be notified at MARYLAND N.A. BALTIMORE Director 1 XYes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4150 CRESTHEIGHTS RD. 21215 USA Funeral filed within 72 hours after death 12. Wes Decedent Ever in U,S. Armed Forces? 1 (X) Yes 2 □ No If Yes, Give Yeer or Detes: WWII Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus 1 Never Married 2 Merried 1 ☐ Yes 2 X No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced natural', WHITE permit. Pagas 1 and 2 should be filed within 72 hc Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturn any injury or other traumatic event, the Medical once. Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) SALESMAN CLOTHING altimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be ISRAEL. LEVINSON **JENNIE** BAER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MRS. CEIL LEVINSON (WIFE) 4150 CRESTHEIGHTS RD. BALTIMORE, MD 21215 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) (ANSHE EMUNAH) AITZ CHAIM 2/26/96 BALTIMORE, MD 21. Signeture of Funerel Service Lice 22. Name and Address of Facility
SOL LEVINSON & BROS., INC. 23a. Perf1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart teilure. List only one cause on each line. BALTO., MD Approximete Interval Between Onset end Deeth **Physician** /Medical Immediete Cause (Finel Coronary Artery disease greater the 10 yes disease or condition resulting in deeth) Examiner The law requires that the death certificate be assocuted burial-transit Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): physician a Box 68760. Physician/Medical usa as P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 1 ☐ Yee 2 ☐ No 3 ☑ Probably 4 ☐ Unknown rend signed t Records, þ 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24e. Wes an eutopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? 27. Menner of Deeth 28b. Time of Certification: 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident i or Atten-after deal Director: the 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) yd ui 4 Homicide Hospital of 24 hours a
 Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner steted. 29a. Certifier Medical To the Within 2 To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 125205 Mohny Miles, uns 2/27/96 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) N. Charles St. Ballo Md Rile GBMC 6701 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State EB 29 1996 Registrar

**DHMH 16 Rev 6/95** 

The second secon the ground parties that have been promined 

### ITEM: 15. PER F'.H. FILM G-735 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.6

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

		/Medi Exami	ical
		uneral irector	
20	s efter deeth with the Maryland	, or items 23a or 28a-f show to ninet must be notified at	y Funeral Director

			1. Decedent's Nama (First, Middla,	ast)					2. Date of De			3. Time of Deeth		
	Physic								PH February 23, 1996 11:45					
	/Medi Examir		4a. Fecility Nema (If not institution, g 717 N. Patterson	or Location of Death		of Deeth	THE COL							
	Funeral Director		5. Social Security Number 6 213-36-0772	Sax 1□M 2⊠F	(fn yrs. le	st birthdey)	If Under 1 Y Months D		Hrs. 8. Dete of Bir (Month, De	th y, Year)	9. Birth	plece (Steta or Foreign ntry) Cqinia		
			Usual Residence of Decedent						Apr. 2	// 1912	VII	gillia		
	yland		10a. Stete 10b. County			Town or Lo		·				10d. inside City Limits		
	Mar	ţ	Maryland N/A		Bal	ltimor	e					1 Yas 2 □ No		
	7 28 P	Director	10e. Street and Number 10f. Zip Code							10g. Citizen of Whet Country?				
	73a c		717 N. Patterson	n Park Avenu	ıe		212	205		U.S.A.				
	deep E	Funeral	11. Maritai Status	12. Wes Decedent E Armed Forces?	var in U,S	i. 13. y	Vas Dacedent	of Hispanic Orlgin	? (Specity Yas or No uerto Rican, etc.)	- 14. Rac		can indien,		
20	2 should be filed within 72 hours efter deeth with the Manyland and Mental Hygiene.  Is marked other than "natural", or items 23s or 28s-f show farmatic event, the Medical Exactinet must be notified at	by Fu	1 ☐ Navar Married 2 ☐ Married		lo			No Specify:	beito ricali, etc.)	Black, Whita, atc.  Specify: Black				
ŏ	2 hou	8	15. Decedent's			16a. Deced	ent's Usuel O	ccupetion		16b. Kind of Br				
212	in 7	piet	(Specify only highest (	rade completed)		(Give	kind of work d OO NOT use re	one during most of	working			,		
7	d with	Completed	Elementery/Secondery (0-12) UNKNOWN	College (1-4or 5-	+)		Dome	estic		Own H	lome			
b	office of the A	Be C	17. Father's Name (First, Middla, La	,				18. Mother's	Neme (First, Middle,	Meiden Sumen	10)			
<u>la</u>	Aenta Aenta rked tice	ToE	William Valent	ine				Anne	Walker					
Maryland 21215-0020	A 00 00 00		19e. Informent's Neme/Reletionship Andrew Meredith	(Type, Print)		19b. Meilin 5628	g Address (St Knell	reet and Number of Avenue,	<i>r Rural Route Numb</i> Baltimore	er, City or Town, Maryla	Stete, Zip and 2	0 Code) 1206		
altimore,	permit. Pages 1 and 2 Department of Health Important: If Item 27 I any Injury or other tri 200.9.		20e. Method of Disposition 1   Maguriel 2 □ Cramation 3	□Removei from State	20b. Ple	ace of Dispon metery, cren	sition (Neme o	of plece)	Dete	20c. Location -	City or To	own, State		
Ε	8 5 ± 5		4 Donetion 5 Other (Spec		Bal	timore	e Cemet	ery	2-28-96	Baltin	ore,	Maryland		
Sall	Departms Importan any Injur		21. Signature of Funerel Service Lic	ensea				ddrass of Facility	ass of Facility neral Home Esat					
m	20529		Bemand D	Johnson		ן ן	larch F	uneral Ho NORTH A	ome Esat VENUE, BAI	TIMORE,	MD	21202		
	-		23a. Pert1. Entar the disaase, or co shock, or heert feilure. List on	mulcations that caused	the deeth.							Approximete interval Between		
	Physician /Medicai Examiner		Immediate Cause (Final disease or condition resulting in deeth)	· ASCU		o / 7 H es e conseq		CARDIAL	INFA	2(7/0/	4	Onset and Deeth		
	ted nsit	Examiner		b										
<u>,</u>	eath certificata be executed attending physician and for use as the burlal-transit	Exar	Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Cause (Disease or Injury	C	Due to (or	es e conseq	uence of):				1			
76(	ysicia e bur		thet initieted events	С	Dua to (or a	as a consequ	ience of).		<u>.</u>		+			
Box 68760,	tifical og phy as th	an/Medical	resulting in deeth) Last		7 da 10 (01 d	20 4 0011004	201100 017.				i			
ŏ	endir r use	an/		d	_									
	deat deat de fo		Pert II. Other algnificant conditions	contributing to death bu	t not resuit	ting in the ur	derlying ceus	e given In Part I.	23b. Did	tobacco usa co	ntributs t	to the causs of death?		
0.	ne thet the dea	Physici							10	Yss 2 No	3 Pro	bably 4 Unknow		
	the de													
Records,		Completed by								en eutopsy emed?	av	Vere eutopsy findings veileble prior to		
90	ana a	ple							_		of	ompletion of ceuse f deeth?		
H	1 23	no.							10	Yes 20 No	1	☐ Yes 2☐ No		
Ita	otor,	Be	25. Wes cese referred to medical examiner?					26. Place of	Deeth (Check only	one)				
5	Physics this ca	5	1 Yes 28 No	Hospitel: 1 ☐ Inpatier	nt 2 E	R/Outpetien	3□ DOA	Other: 4 Nursin	ng Home 5 Resi	dence 6 Oth	er (Speci	ify)		
	fter #		27. Manner of Deeth 1 ☑ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey	Year) 2	28b. Time of Injury	28c.	Injury et Work?	28d. Describe	how Injury occur	red			
SIO	Attendi er death. ector: A by the fu	catl	2 ☐ Accident investigat	bo				1 Yes 2 No						
Division	or Attending I after death. Director: After I in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine	d 28e. Plece of Inju building, etc.	ry - At hon . (Specify)	ne, farm, stre	et, fectory, of	fice	28f. Location ( City or To	Street end Numb vn, Stete)	er or Run	ral Route Number,		
	oral C													
	To the Hospital or Attending within 24 hours after death.  To the Funeral Director: After completaly filled in by the fune	edical	29a. Certifier (Check only one) Certifying F	hysician: To the best of miner: On the besis of and mannar stat	examinetic	ledge, deeth on end/or inv	occurred et the estigation, in i	ne time, dete end p my opinion, deeth o	lece, end due to the occurred et the time,	dete end piece,	anner es s and due t	stated. to the ceuse(s)		
	vithin To the	Me	29b. Signature end title of certifier				29c. Li	cense number		29d. Dete signe	d (Month,	, Dey, Year)		
	/		Dem	) Ness	mr	2	T	11008	9	2/2	7/9	6		
	5	-	30. Name and eddress of person wh	o completed ceuse of de	eth (Item :	23e) (Type, I				11.	, , ,	1.1		
			21 Data filed (Month Day Vari	M.D.	98	N.	Bre	padwa	y Ba	Himo	re,	MD		
	Sta Registr		FEB 2 9 1996	Jahr Marker	Resignatu Resignatu	ll L			1					

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ITEMS: 23 PART I, 27,

State of Maryland / Department of Health and Mental Hygiene

If Undar 1 Year Months Deys

PER MEO FILM q-733 3/4/96 t.t 1. Decedent's Neme (First, Middla, Last)

Certificate of Death

2. Date of Deeth 3. Time of Death

n/a

**Physician** /Medical Examiner

WILLIAM

17,1996 10:19P.M

4a. Facility Nama (If not institution, giva street and number) JOHNS HOPKINS HOSPITAL

n/a

JANUARY 4b. City, Town, or Location of Death

BALTIMORE

Month

4c. County of Death

**Funeral** Director

ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mantal Hygiene. Important: if item 27 is marked other than "natural", or items 23s any injury or other traumatin avant

**Physician** 

/Medical

Examiner

attending physician and for use as the bunal-transit

ed by the atten detached for u

been signed by should be detac

has

certificate

funeral

I or Attanding Physician: after death. Director: After this certific

Hospital
Hours a

To in

that the death certificate be executed

Box 68760

P.O.

Records,

Division of Vital

Baltimore, Maryland 21215-0020

Directo

Funeral

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Completed

P

Examiner

Physician/Medicai

à

Completed

Be

2

Certification:

Medicai

with the Maryland

579-98-5776 Usual Residence of Decedent 10e. Stete 10b. County

10c. City, Town or Location

Yrs

7. Age (In yrs. last birthday)

31

If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year Jan. 31, 1 Birthplece (State or Foreign Country) 1964 Washington, D.C

Maryland

Baltimore

10d. Inside City Limits 1X Yas 2 No

10e. Street and Number

5. Sociel Security Number

10f. Zip Code

1 ☐ Yes 2 Ø No

Months

10g. Citizen of What Country?

U.S.A.

4 N. Central Avenue

11. Merital Status

12. Was Decedent Ever In U,S. Armed Forcas?

Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Maxican, Puerto Ricen, etc.)

14. Rece - American Indian, Bleck, Whita, etc. White

1 Naver Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced

1 ☐ Yes 2 💆 No It Yes, Give Yaar or Detes: 15. Decedent's Education (Specify only highest grade completed)

Coilege (1-4or 5+)

unknown

16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired)

21202

16b. Kind ot Business/Industry

Elementery/Secondary (0-12) unknown

Handyman

Various

17. Fether's Neme (First, Middle, Last)

Francis Moore

18. Mother's Neme (First, Middla, Meldan Sumeme)

19e. Intorment's Neme/Reletionship (Type, Print) Brother) Gregory Moore

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 6489 Bass Road-Springhill, Florida 34607

Regina E. Hall

20e. Method of Disposition

1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel trom State

20b. Plece of Disposition (Neme of cemetery, crematory or other piece)

20c. Location - City or Town, State

4 ☐ Donetion 5 ☒ Other (Specify)

21. Signatura of Funerel Sarvice Licenses Ronald S Wade

State Anatomy Board-655 W. Baltimore Street Rm. B026-Baltimore, Maryland 21201-1559

art. Enter tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errast, beck, or heart feiture. List only one cause on each line.

Approximata Interval Betwaen Onset end Death

Immediate Ceuse (Final diseasa or condition resulting in death)

ACUTE ETHANOL AND CHLORDIAZEPOXIDE INTOXICATION Due to (or es e consequence ot):

Due to (or es e consequance of)

Due to (or as a consequence of):

Sequentielly list conditions, if eny, leading to immediata cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting In deeth) Last

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death?

Unknown 1 ☐ Yee 2 ☐ No 3 ☐ Probably

24e. Wes en eutopsy performed?

24b. Were eutopsy tindings available prior to completion of cause of death?

26. Plece of Deeth (Check only one)

2□ No

25. Wes cese referred to medical exeminar? Yes 2 No

27. Manner of Deeth

1 Naturel

2 Accident

3 Sulcide

Pending investigation

Hospital: 1 ☐ Inpatient 2X ER/Outpatient 3□ DOA 28e. Date of Injury (Month, Dey Year) FOUND 1-17-96

28b. Time of UNKNOWN

Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 Yes XX No

28d. Describe how injury occurred

HINKNOWN

6XXCould not be determined 28e. Plece of Injury - At home, farm, street, tectory, office building, etc. (Specify) 4 Homicide FOUND AT BALTIMORE RESCUE MISSION

28t. Location (Street end Number or Rurel Route Number, City or Town, Stete) BALTIMORE, MARYLAND

29a. Certifier

Denni

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) end manner steted.

29b. Signature and title of cartifier

29c. License number O.C.M.E.

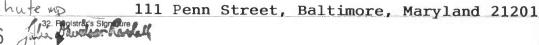
29d. Data signed (Month, Day, Year) JANUARY 18, 1996

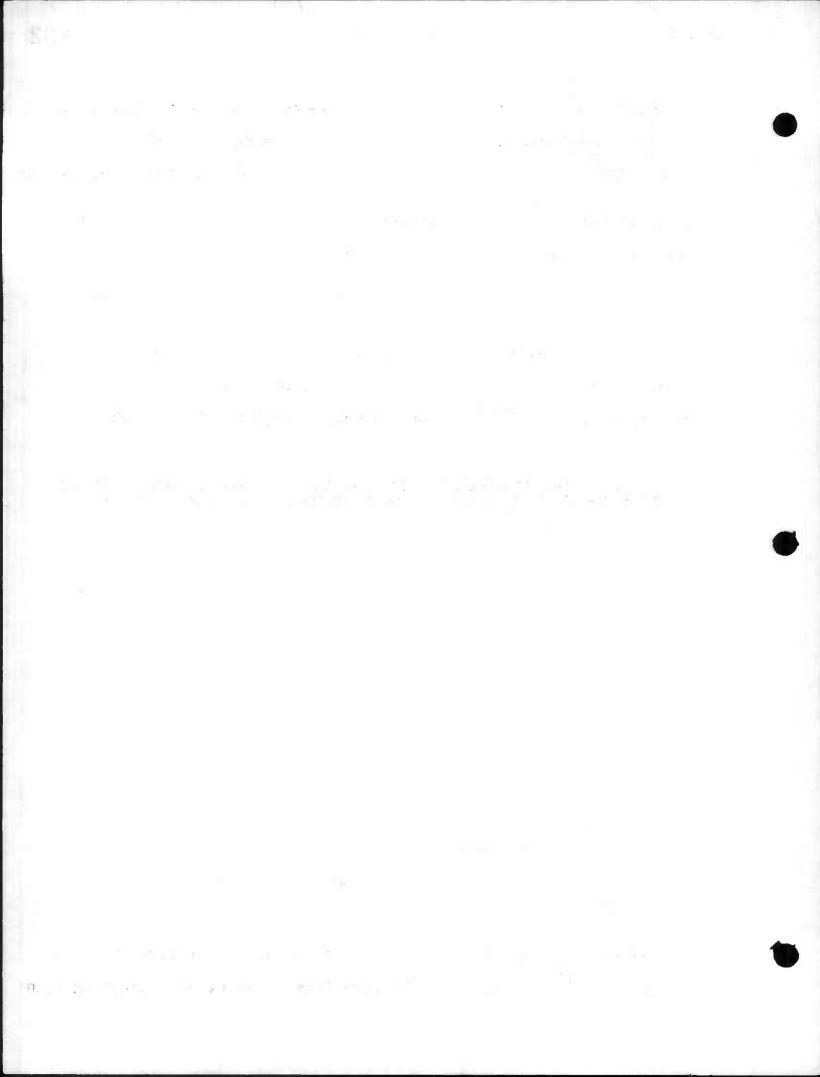
5

ruse ma 30. Neme end eddress ot person from completed cause ot deeth (Item 23e) (Type, Print)

State Registrar

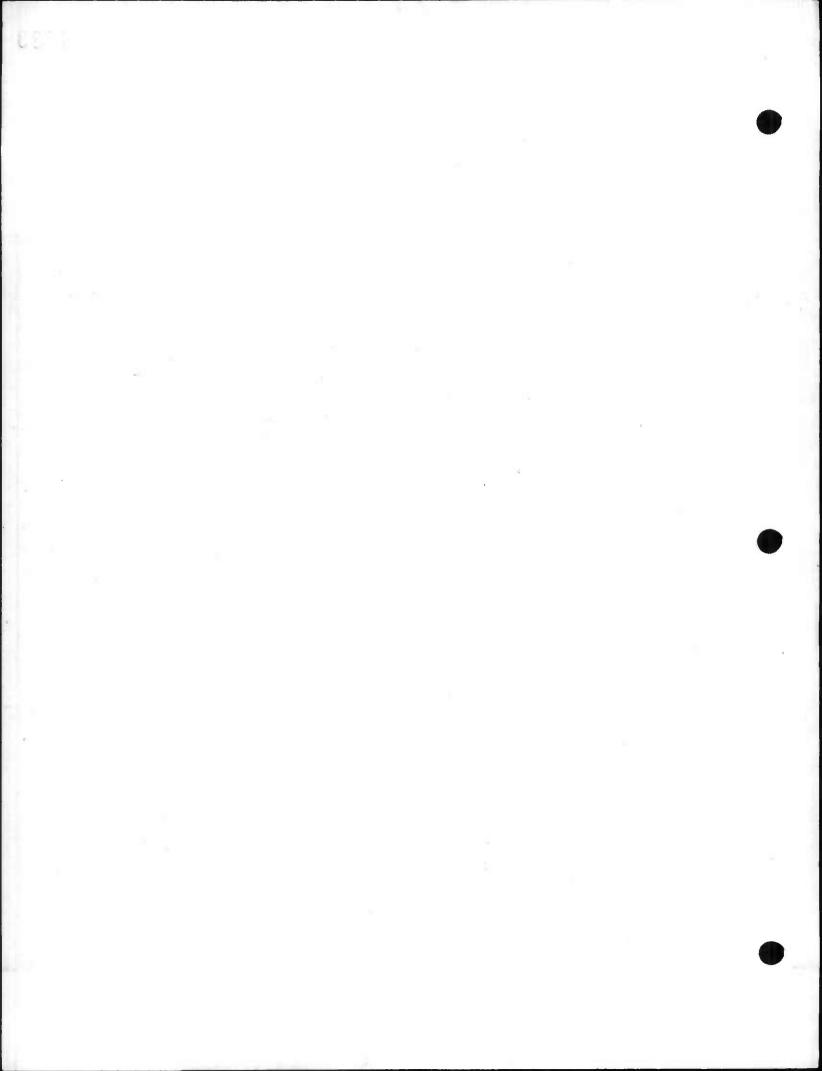
31. Deta filed (Month, Dey, Year) EB 2 9 1996





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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	IEALTH AND DEATH	MENTAL HYGI		
		1. DECEDENT'S NAME (First, Middle, Last) Sean Oswald M	Minto				2. DATE OF DEATH MONTH JANUARY	DAY . Y	3. TIME OF DEATH
Pin	стоя	n/a	1 沈 M 2 🗆 F	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. 2 38	7. DATE OF BIRTH (Month, Day, Yber Jan. 19,	)	BIRTHPLACE (State or Foreign Country) Maryland
2, 3 should		99. FACILITY NAME (If not institution, give etre Union Memoria RESIDENCE OF DECEDENT		L		timore		9c. COUNTY	
l. Pages 1,	DIREC	10a. STATE 10b. COUNTY Maryland n/a			y, town on Locat Baltimor				10d. INSIDE CITY LIMITS?  1X YES 2 NO
nsit permit.	₹ J	100. STREET AND NUMBER 2464 Brentwood Av	enue		101	21218		10g. CITIZEI	N OF WHAT COUNTRY?
5-0020 nding physician. Is the burial-transit	BY FUNER	11. MARITAL STATUS 1 (A Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify en, Puerto Rican, etc.) fy:		. RACE — American Indian, Black, White, etc. Specify: Black
2121 al or atte for use a	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	18a. DECEDENT'S (Give kind of a life. Do NOT us NONE NEWDOTN	USUAL OCCUPATION work done during mo	ON ast of working		BUSINESS/INDUS	TRY
YLA by the be der	BE COMPL	17. FATHER'S NAME (First, Middle, Last) UNKNOWN					n/a AME (First, Middle, Meio r Chandle	den Surname)	
E, MA y be retain age 5 sho be notiff	TO B	190. INFORMANT'S NAME (Type/Print) (MO. Jennifer Chandler 200. METHOD OF DISPOSITION		2464 1	Brentwoo	d Avenue	Poute Number, City or -Baltimor	e, Mary	land 21218
BALTIMOR or death. Page 6 ma the funeral director, paral.		1 Buriel 2 Cremetion 3 Remov 4 X Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	rai from State ceme	etery, crematory or o	ther place)			LOCATION — City	ltimore Street
BALTIN hours after death. Pag ed in by the funeral di or removal. medical examiner		23, PART I. Enter the diseases, or co	mald S Wade	the deeth. Do r	Rm.BO	26-Balti	more, Mar	yland	21201-1559
the the		shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	at only one cause on ea	rematu	neth				Interval Between Onset and Death 5 mins.
OX 68760 be executed within sician and completel rior to burial, crema traumatic event,	NOI	Sequentially list conditions, if any, leading to immediate	- 410	Matin CONSEQUENCE OF	e las	lor			4 hrs.
certificate of Hyglene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):							
그 목 독등 글	4	PART II. Other aignificant conditions	contributing to death bu	ut not reaulting	n the underlying	g ceuse given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
L KECOH law requires that is been signed by lept. of Health an	MEDIC							2 (NO	COMPLETION OF CAUSE OF DEATH? 1 TYES 2 DENO
N: The law icate has b State Dept.	SICIAN:		HÖŞPITAL:	26. PLACE OF DEAT	H (Check only one) OTHER:				
PHYSICIA This certif with the	BY PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJI		6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUR	ED
R ATTENDING RECTOR: After Arts after death on 28 is ma		3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, a	itreet, factory, office		28f, LOCATION (Stre City or Town, Ste	et and Number or i	Rural Route Number,
SOSTINL OR ONERAL DIR WITHIN 72 hour	COMPLETE	one) 2 MEDICAL EXAMINER:	AN: To the best of my knowled On the bests of exemination						suse(e) end manner ee stated.
DE SE	TO BE	296. SIGNATURE AND TITLE OF	1 M.D			AT24	38946	29d. DATE SI	GNED (Morith, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO FATEH HRA	KY M.D	the	Umo	n Men	nones	Hoy	eld
		FEB 2 9 1996	37 REGISTRAR'S SIGNA	Karlell					

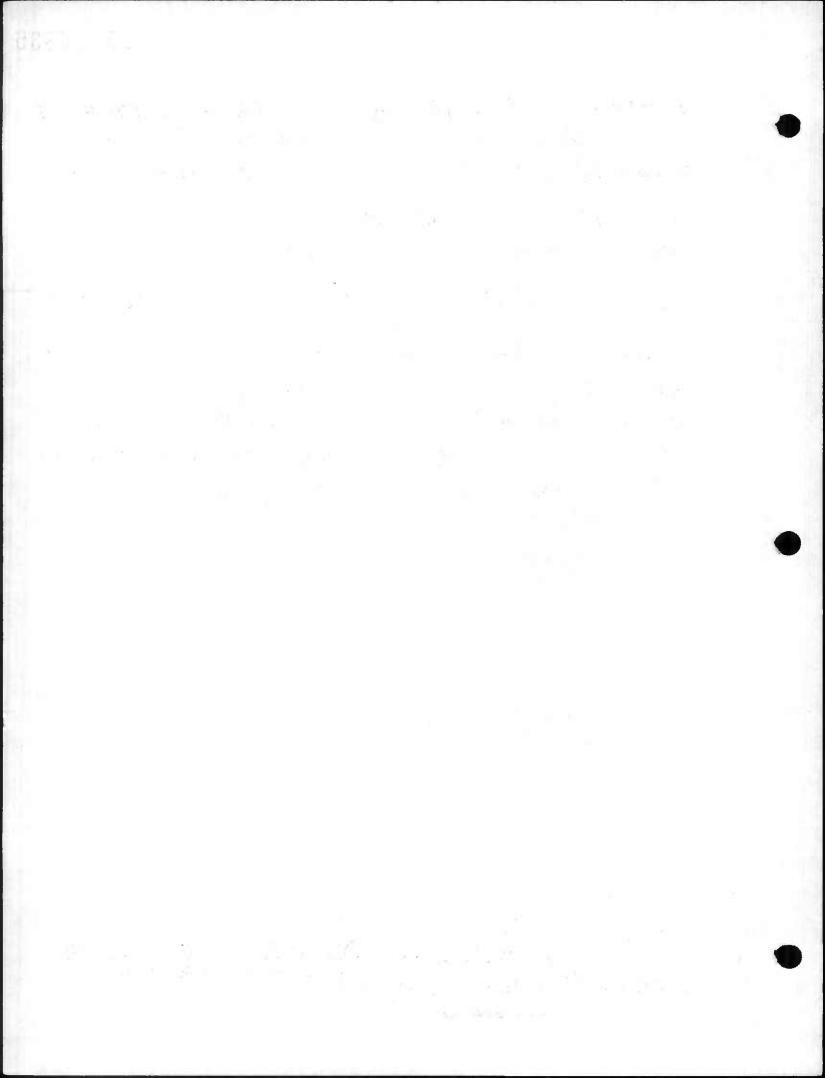


	1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH DAY			TIME OF DEATH	
	Shawn Christopher Maynard, II FEBRUARY // 1996 0									5:08 A M	
	4. SOCIAL SECURITY NUMBER	F UNDER 24 HRS.	7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country)								
	unknown	M 2 ∏ F	YRS.	MONTHS DAY	12 5	1 .			ryla	ınd	
	9e. FACILITY NAME (If not institution, give street				N OR LOCATION OF DI			9c. COUNTY	OF DEATH		
6	Union Memoria	l Hospita	1	Bal	timore (	City		n	/a		
EC	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c, CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY			
DIRECTOR	Maryland n/a			Baltim	ore					LIMITS?	
FUNERAL	100. STREET AND NUMBER 2704 Jefferson Str	eet-Baltimo	ore, Mar	yland	101. ZIP CODE 21205			10g. CITIZEN U.S			
ž	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISPAI	NIC ORIGIN?	(Specify Yee o	r No.— 14.	RACE - /	American Indian,	
	1 X Never Merried 2 Married	FORCES? 1 YES		If yes	, specify Cuben, Mexico YES 2X NO Specific	en, Puerto Ri	Icen, atc.)		Black, Wh	nite, atc.	
ВУ	3 Widowed 4 Divorced								E.	Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	empleted) (Give kind of work done during most of working					ESS/INDUST	RY			
Ш	A STATE OF THE PARTY OF THE PAR	College (1-4 or 5+)	life. Do NOT us	se retired.)	-			1.			
M	0	0	n/a					ı/a			
	17. FATHER'S NAME (First, Middle, Last)	11			Nicolle			imeme)			
BE	Shawn Christopher  190. INFORMANT'S NAME (Type/Print)	maynara, Sr.	T								
일	Nicolle Jones				son Street					21205	
	200. METHOD OF DISPOSITION	205	PLACE AND DATE	00		DATE	-	TION - City			
	1 Buriel 2 Cremation 3 Remove 4)( Donation 5 Other (Specify)		etery, cremetory or o		(Ivanio or	DATE	200.000	trioit — ony	or rown,	June	
- 4	21. SIGNATURE OF PINERAL SERVICE LICES	ISEE .		22, NAM	e and address of fa e Anatomy	CILITY	1 155 6			04 4	
	moul Polar	wade, D	23/96	Rm.B	e Anatomy 026-Baltin	Board nore,	1-655 W Maryla	ind 2	1201	re street -1559	
	23. AFT I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory arrest, ahock, or heart fellure. List only one cause on each line.										
	IMMEDIATE CAUSE (Fine)										
	disease or condition resulting in death) e.	PROLO	MGIED	PR	ETERM	PRY	e.mAT	URE		31 HRS	
	DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions, b.	DUE TO (OR AS A			cm 1812Ar	153				31 HRS	
CERTIFICATION	If any, leeding to immediate ceuse, Enter UNDERLYING	DOE TO (OH AS A	CONSEQUENCE O	r):							
음	CAUSE (Disease or Injury c. thet initieted events	DUE TO (OR AS A	CONSEQUENCE O	F):							
E	resulting in deeth) LAST								ļ		
	0.										
CAL	PART II. Other algnificent conditions			In the under	ying ceuse given in	Part I.	24a. WAS AN AI PERFORM			RE AUTOPSY FINDINGS ILABLE PRIOR TO	
EDIC		EMATURI	17			— I	1   YES 2	NO		MPLETION OF CAUSE DEATH?	
2				. =		/			1	YES 2 NO	
Ž.	DID TOBACCO USE CONTRI			ES NO	-	NE					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	26. PLACE OF DEA	OTHER:	one)						
ΙΥS	1 YES 2 NO	Inputient 2 ER/Output			Home 5 Residence	7					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	JURY	NJURY AT WORK?	28d. DEŞ	CRIBE HOW IN.	JURY OCCUR	ED		
ВУ	Accident Investigation	28e. PLACE OF INJURY	- At home, form		YES 2 NO	201 1 000	ATION (Street an	el Atrophorosof	2 ( 0	N	
유	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Speci	ily)	etiest, lectory,	ornice		or Town, State)	a Number of F	tural Houte	Number,	
9	29e. CERTIFIER										
3   Sulcide 8   Could not be determined   Sulcide   Sulc									d manner on adata d		
		or exemplation	- In a street year	on, in my operation	,		-				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	AGAI			ATO 129					nth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) /7/00	. Print)	M1 443	077		reisk	UITE	11,1976	
	NABIL DAOU	DR () NIGO !	Yours	L Hose	AT2439 0201 EA	CT /	10000	Paple.	1	BUE MA	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	TURE	- 1/03/	- 201 101		WIV.	MELL	11/ /	ADUID IL	
	EER 2 9 1996 9	alia Mudsor hi	relath								

and the second section of the first formation recovery. They make the control of the co

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 5 State of Maryland / Department of Health and Mental Hygiene

			Certificate of Death	Reg. No.	
	Physic		1. Decedant's Name (First, Middle, Last)  Portho  Makinleu  F	2. Deta of Deeth Month Day	3. Time of Death
Ś	/Medi Examir		4e. Facility Nema (If not institution, give street and number)  4b. City/Jown, or Loc	cation of Death Stc. County	of Dealth
			5. Sociel Security Number 6. Sex 7. Age (In vrs. lest birthday)   I Under 1 Year   If Under 24 Hrs.	+0	NIH
	Funeral Director		214-22-5286 1 M 20 F 80 Yrs. Months Days Hours Min.	8. Data of Birth (Month, Dey, Year) June 12, 1915	9. Birthpiece (State or Foreign Country) S - C -
	show		Usual Residence of Decedent  10e. Stata 10b. County 10c. City, Town or Location		10d. Insida City Limits
	r 28a-f sh	ctor	md NA Balto		1 Yas 2 No
	23a o	<b>Funeral Director</b>	10e. Street and Number 5324 Liberty 21207	10g. Citizan of	Whet Country?
_	items items	-une	11. Maritel Stetus  12. Was Decedent Ever in U,S. Armed Forças?  1 Never Merried 2 Married  1 Yas 2 No  1 Yas 2 No	cify Yas or No- Rican, etc.) 14. Rec	ce - Amarican Indian, ck, White, etc.
5-0020	rall, or	by	3 Wildowed 4 □ Divorced Yeer or Datas: 1 □ Yes 2 D No Specify:	Specif	Black
15-0	n 72 hours "natural",	Completed	15. Decedent's Education (Specify only highest grade completed)  18e. Decedent's Usuel Occupation (Give kind of work done during most of workin ilfa. Do NOT use retired)	16b. Kind of B	usiness/industry
2121	e filed within al Hyglene. I other than vent, the M	ошо	Elementary/Secondary (0-12) College (1-40r 5+) Maintenance	Balto	Gas + Elec
	2 2 2 2	Be		(First, Middle, Meiden Surnan	
Maryland	2 should be n end Mentel is marked o raumatic ev	To	19e. Informent's Name/Reletionship (Type, Print)  19b. Mailing Addrass (Street and Number or Rure)		)\n S(~) Stele. Zio Code)
	1 end 2 Health e em 27 is		Jenifer Kucker-Daught 2122 Lukewood Dr.	. Balto, m	d 21207
Baltimore,	permit. Pegas 1 end Department of Health Important: If item 27 any Injury or other ti page.		20e. Method of Disposition  1) Suriai 2 Cremetion 3 Ramovei from Stete 4 Donetion 5 Other (Specify)  20b. Piece of Disposition (Name of commetory, cremetory or other piece)	Peta 20c. Location -	allstown, ad
Balt	pemit. Pege Department of Important: If any Injury or once.		21. Signature of Funerei Service Licensee  22. Name and Address of Facility  March F. H. West  4300 Wabash	Ave	
			23a. Part1. Entar tha disaasa, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or shock, or heart feilure. List only ona cause on each lina.	r raspiratory arrast,	Approximate Interval Batween
	Physician /Medical		immedieta Causa (Final diseese or condition resulting in death)  a. ASPIRATION OF GASTRI	COLITE	Onset and Deeth
	Examiner		disease or condition resulting in death)  Dua to (or es a consequence of):	CONTEN	15
	nsit	Examiner	b		
0,	e execular and and and and and and and and and and		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury		
68760,	death certificate be executed e ettending physician and od for use as the burlel-transit	edical	testise (Disease or injury that initiated events resulting in deeth) Last  Due to (or es e consequenca of):		
Box (	eath certiff ettending for use as	N N	d		
	that the death cer ed by the ettendir detached for use	Physician/M	Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.	23b. Did tobacco use co	ntributs to the cause of death?
P.0	that the		HYPERTENSION	1 □ Yss 2 XNo	3 Probably 4 Unknown
Records,	w requires that the been signed by the should be detache	Completed by		24a. Was en autopsy performed?	24b. Were autopsy findings eveileble prior to completion of cause of death?
	hes hes	d mo		1 ☐ Yes 2 👿 No	1 Yas 2 No
/ita	iclan: The	Be	25. Wes casa referred to medical 26. Place of Deeth examinar?	/	
Division of Vital	This die	on: To		ne 5 Residence 8 Oth 8d. Describe how injury occur	
isio	or Attending effer death. Director: Atte	Certification:	2 Accident investigation M 1 Yas 2 No	8f. Location (Street and Numb	ner or Rural Route Mumber
Div	s efter I Direct od in by	Sertif	4 Homicide detarmined detarmined 28e. Piece of injury - At home, ferm, street, fectory, office bullding, atc. (Specify)	City or Town, Steta)	per or Hural Houle Number,
	To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: completely filled in by the fi	Medical (	Certifying Physician: To tha best of my knowledge, daath occurred at the time, date and placa, as medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred and manner stated.	nd due to the cause(s) end me d et tha tima, data end piaca,	enner es stated. end due to the ceuse(s)
	To the within ? To the comple	¥ ¥	and menner steted.  29c. License number		d (Month, Dey, Year)
	٨		arolen Hildreth MD D36803	02 -	-26-96
	5		30. Name and address of personano completed cause of death (Item 25e) (Type, Print) 36   ST. PAR CAROLYN J'HILDRETH, MD BALTIMORE	AL PLACE #	706
	Sta	e	31. Determed (Month, Day, Year) 32.6Registrass Signetura	-11ND 212	02
	Registr	ar	FEB 2 9 1996 Jahra dander land		



6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HP DAYS HOURS 8 1 M 2 X F page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION O (01) DIRECTOR 010 Kanda RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION balto andalls FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 3413 2121 Meadow dall Drive hours after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HIS BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Ma 1 ☐ YES 2 ☑ NO Sk 1 Never Married 2 Married BY 3 🔀 Widowed 4 🗌 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION most of working Elementary/Secondary (0-12) College (1-4 or 5+) 12th be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S eb 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (St 2 20a. METHÓD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremation 3 ☐ Re 20b. PLACE AND DATE OF DISPOSITION (No. must signed by the attending physician and completely filled in by the funeral director, Health and Mental Hygiene prior to burial, cremation, or removal. 4 Donation 5 Other (Specify) Jem 23 shows any injury, or other traumatic event, the medical examiner OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF 23. PART | Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseese or condition resulting in death) DIVISIQN OF VITAL RECORDS, P.O. BOX 68760 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DUE TO (OR AS PHYSICIAN: MEDICAL CERTIFICATION Sequentistly list conditions, DUE TO (OF If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given certificate has been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 1 YES 2 [ ng Homa 5 - Reside marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 Netural 5 Pending BY 1 YES 2 NO FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 3 Sulcide 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) be filed within 72 hours are un IMPORTANT: If item 28 is COMPLETED 8 Could not be 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and (Check only one) MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at BE 29cmLICENSE THE PER 2 2 S310 DIA (1) 32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

FEB 2 9 1996

										U	00000	
STATE OF MA	RYLAND /	DEPAR	TMFN	T NE I	HFAITH	AND I	MENTA	HYGIEN	6			
					DEA		W16-14-17-1	REG. NO.				
A.A. 1.							2. DATE	E OF DEATH	v	-, YEAR	3. TIME OF DEATH	
141X	ON						2	18	9	6	4:400	79
	AGE (In yrs. last	3.5	IF UNDER	DAYS	IF UNDER	R 24 HRS.		OF BIRTH		9. BIRTH Countr	IPLACE (State or Foreign	
□ M 2 🔀 F	86	YRS.	MUN11110	DATE	HOURS	Wirs.	Nou	th, Day, Year)	9	*	"5,0,	
t and number)	100		96. СПУ	r, TOWN	OR LOCATI	ON OF DE	HTA		9c. COU	NTY OF D	EATH, Baly	0
Singer	1761		Ka	nda	11154	OW,	1		111	ary	lland	
. 1		10c. CIT	Y, TOWN C	OR LOCA	TION						10d, INSIDE CITY	
110			R	an	dall	stor	N				LIMITS?	
			-	10	H. ZIP CODI	E			10g. CIT	IZEN OF Y	WHAT COUNTRY?	
le Drive	e,				21	244	1		17-2-	U.	CA	
. WAS DECEDENT EX								N? (Specify Yes	or No-	14. RACE	E — American Indian,	
FORCES? 1 IF YES, GIVE WAR		0			S 2 NO			Rican, atc.)		Blect	k, Whita, atc. My: Black	
											Mack	
ION npleted)	(Gh	CEDENT'S	work done	during mo	ON ost of working	ing	161	b. KIND OF BUS	INESS/IN	DUSTRY		
College (1-4 or 5+)	IIII.	Do NOT us	e retired.)				6	2 //		0.1	Die Sah	
3715	/	eac	cher	~		0.01	1	Daltimoi		City	Public Scho	ds
					18. MOTO	HER'S NA	ME (First.	Middle, Maiden:	Surname)			
	19b.	MAILING	ADDRES	S (Street I	and Number	r or Rural I	Route Num	nber, City or Town	n, State, Zij	Code)		
	3	413	М.	eadi	owda	rle	Driv	ie 1.	Sal	to, n	nd 2124	4
I from State	20b. PLACEA cemelegy, crifin				ame of		DAT		CATION —	City or To	own, Stata	
	Mac	Nd	The	1em	· Pa	1K	2/2	3/9 ha	ure	1	Md	
SEE		E*	22.	NAME A	ND ADDRE	SS OF FA	CILITY	.t		- /	7/21	, , ~
>	w	2	1	ari	1300	·4.	below	wh Se	ie	Ba	Hord	J
nplications that ca t only one cause	aused the dec on each line.	oth. Do n	ot enter	the mo	ode of dy	ing, suc	h ss csr	diec or respin	retory sr	rest,	Approximete Interval Between	nen
	11.	-111		D		1	T	1.	_		Onset and De	
	MI	m	10	K	enic	ul_	10	estor.	2	_	SER	7
DUE TO (OR	AS A CONSEO	UENCE OF	r):					-5 0	N	· · · · · ·	08	1
DUE TO (OR	It was	e -	en.	かって	- N	ena	1 V	45Wc	N	txa	JE 34-	
טו שטע	WS A CONSEC	VENCE OF	·):								J	
DUE TO (OR	AS A CONSEQ	LIENCE OF	F):									
			,								į	
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contributing to de	ath but not re	sulting i	in the ur	nderlyln	g cause	given in	Part I.	24a. WAS AN		246	WERE AUTOPSY FINDIN	IGS
								1 TES 2			COMPLETION OF CAUSE OF DEATH?	E
							- I	/			1 YES 2 NO	
ONTRIBUTE 1	TO CAUS	E OF	DEA	TH Y	YES [	1- NC	1					
IOSPITAL:				26. PI	LACE OF D	EATH (Ch	eck only o	ine)				
☐ Inpatient 2 ☐ EF	3/Outpatient 3	□ DOA	4 Hard		ma 5 □ Re	esidence	6 🗆 Oth	er (Specify)				
28a. DATE OF INJ (Month, Day,		28b. TIMI INJ	IE OF	28c. IN.	JURY AT ORK?		28d. DE	SCRIBE HOW IN	NJURY OC	CURED		
		-	м	1 🗆 '	YES 2	NO						
28a. PLACE OF IN building, atc.	JURY — At hor (Specify)	ne, farm, r	Mreet, fac	tory, offic	pe .		28f. LOC	CATION (Street a	ind Numbe	r or Rumil F	Route Number,	
7.54 (34)												
N: To the best of my	knowledge, des	ath occurre	ed at the	time, date	a and place	, and due	lo the ca	oute(s) and man	ner as sta	ted.		
On the besis of axem	ination and/or in	nvestigatio	n, in my	opinion, d	death occur	red at the	time, dat	a and placa, end	d dua to I	he cause(s	s) end manner as stated	J.
1 1	^				29cr LIC	ENSE NUR	MBER		29d_DA	E SIGNED	(Month, Day, Year)	

tebrary 21 1996

Nov 11, 1901 SC. 248-12-61136 x 86 21244 Md Balto 3413 Hawlandale Drive 1 2 19d goods 3715 Teacher Calely 1 .... My My Low ) Born 21244 Huge out His Md Now Here I'm I have I was Mart I was a cont

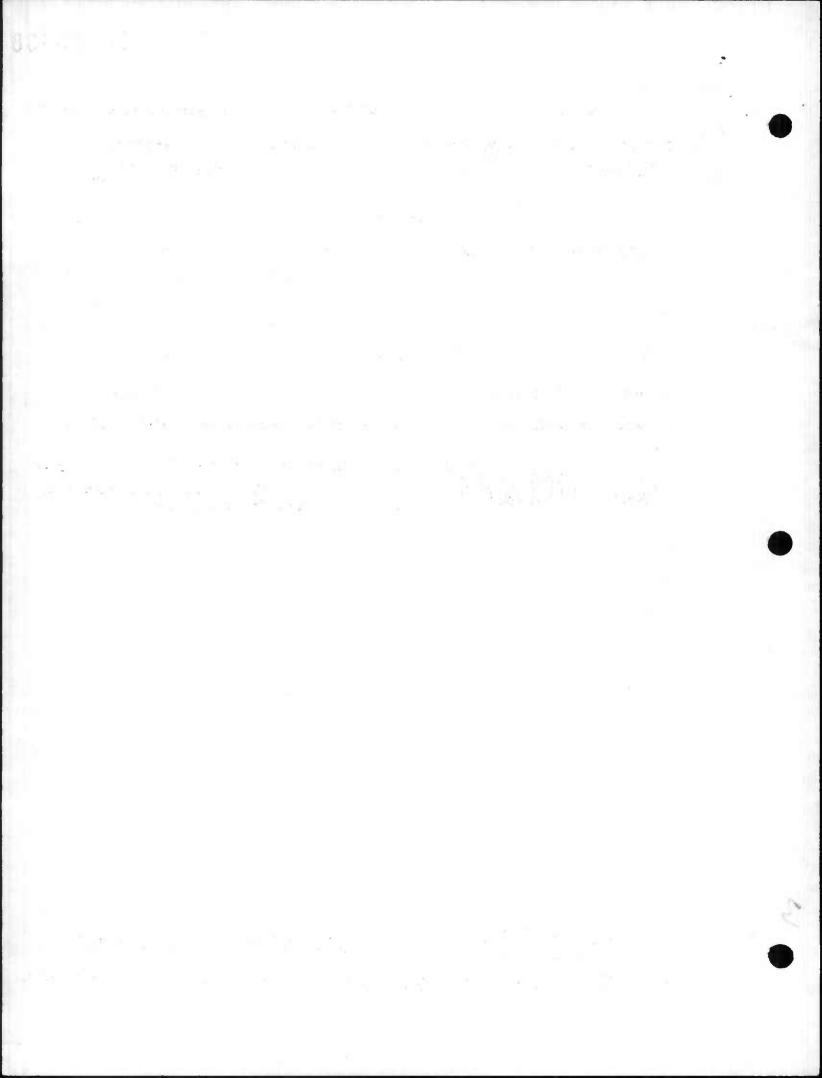
FOR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFIC	ATE OF	DEATH	_	REG. NO.			
i	1. DECEOENT'S NAME (First, Middle, Last)	A section 1				2. DATE OF MONTH	DEATH	Y40		3. TIME OF DEATH
-1	CAROLYN R MCG					FEBR	umy	28	1996	11: 20: NH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest		NTHS DAYS	HOURS MIN.	(Month, C	Day, Year)	000	Country)	
	219-16-7593 1 M 2 X F  9e. FACILITY NAME (If not institution, give street and number)	86		CITY TOWN	OR LOCATION OF	Nov	5, 1		Mary OF DE	yland
-	Johns Hopkins Bayview	MC		Balti		DEATT		N/A		A
DIMECTOR	RESIDENCE OF DECEDENT	ri.c.		Darti	MOLE			IV/ A		
H	10e. STATE 10b. COUNTY			OWN OR LOC	ATION					10d, INSIDE CITY LIMITS?
	Maryland Baltimore		N/A							1 YES 2X NO
¥	10e. STREET AND NUMBER			1	of, ZIP CODE			10g. CIT		HAT COUNTRY?
FUNERAL	6809 Youngstown Ave	NT EVER IN U.S.,ARI	MED	12 9/8 0	212 ECENDENT OF HIS		(Enaclfy Vac	or No	USA	American Indian,
2	1 Never Married 2 V Merried FORCES?	YES 2 N	0	If yes,	specify Cuben, Mex	ican, Puarto Ric		01 NO-	Black, Specify	White, etc.
מ	3 Wildowed 4 Divorced	ISIN ON BAILS			.s 2/2 110 ope	ony.			opeon,	White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	CEDENT'S US	UAL OCCUPAT	TION nost of working	16b. K	IND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5	+)								
COMPLEIED	6 17. FATNER'S NAME (First, Middle, Last)	HC	omema	ker	to MOTHED IS	NAME (First, Mic	vn Ho			
	John Strickline					Lind	rura, maruari	Sorriente)		
מו	19e, INFORMANT'S NAME (Type/Print)	19b	MAILING AD	DRESS (Stree	end Number or Rur		City or Town	n, State, Zi	ip Code)	
2	Charles A. McGinn	6	809	Young	stown	Ave I	Balti	mor	e, M	d 21222
	20e. METNOD OF DISPOSITION 1  Burlet 2 X Cremation 3 Removal from State	20b. PLACE A	ND DATE OF	DISPOSITION	Name of	OATE			- City or Tow	
	4 Donation 5 Other (Specify)	Metr	o Cr	v	_	2/29	Cat	ons	vill	e, Md
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0.1			and address of nelly		al Ho	ome	of D	undalk
	Conthory Colt Con	indles	_	711	0 Soll	ers Po	oint	Rd	212	
	23. PART i. Enter the diseases, or complications the			enter tha n	noda of dying, a	uch aa cardia	c or reapi	ratory a	rreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final									Onset and Death
	readiting in death)	HEMIC		-ITIS						2 WEEKS
	OUE TO	O (OR AS A CONSEC	DUENCE OF):							
ON	Sequentially list conditions, DUE TO	O (OR AS A CONSEC	QUENCE OF):		_					
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING									
	that initiated eventa	O (OR AS A CONSEC	NUENCE OF):							
H	resulting in death) LAST									
2	PART ii. Other significant conditions contributing t	o desth but not re	esuiting in	the underly	ing cause given	In Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL	MYOCARDIAL ARR	EST	ACU	TE RE	NAL FAI	WRE	1 TYES 2			COMPLETION DF CAUSE OF DEATN?
ME	ANOXIC BRAIN IN	JURY								1   YES 2   NO
	DID TOBACCO USE CONTRIBUTE TO CA	AUSE OF DEA	TH YES	□ NO	UNCERT/	AIN 🗵				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLAC		Check only or	10)	. <del>.</del> .				
\ X		☐ ER/Outpatient 3	□ DOA 4	☐ Nursing H	ome 5 - Residen	T		as stimus &	0.011000	
РНҮ	27. MANNER OF DEATN  1 Natural 5 Pending  28e. DATE C (Month,	Day, Year)	28b. TIME (	TY	NJURY AT WORK?	28d. DESC	RIBE NOW I	NJURY O	CCURED	
Ř	2 Accident Investigation 3 Suicide 8 Could not be	OF INJURY — At ho	me, ferm, str			2St. LOCAT	FION (Street	end Numb	er or Rural R	oute Number,
ED	4 Nomicide s Could not be building	g, etc. (Specify)				City or	Town, State)			
9	29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best	of my knowledge, de	ath occurred	at the time, d	ete end place, and	due to the caus	e(e) and ma	nner as at	ated.	
COMPLE	(Check only one)  2 MEDICAL EXAMINER: On the basis of									end menner ee stated.
Ö	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE	NUMBER		29d. DA	TE SIGNED	(Month, Day, Year)
20	ACCELLED MD	PhD			N13	342		F	EBRUA	RY 28 1996
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CA									
		MD PhD	DEP	GENE	ral sur	KERY	JOH	NS	HOPKII	45
		PAR'S SIGNATURE	2.0.4							
- 1	E E D & J I I I I I I I I I I I I I I I I I I	CURL GENERAL BA	Orbita II							

grigori, level in August

	•			State of M	aryland		tment of H		nd Mental Hy	giene Reg. No.	50	00000
	<b>5</b> .00		1. Decedent's Nama (First, Middle, Last)						2. Dete of De	ath	V	3. Tima of Death
Į	Physici //Medi		GLADYS			3	MEGILL		Month FEBRUA	Day RY_26, 1	Year 1996	06:30PM
	Examir		4a. Facility Name (If not Institution, give s	street and number)				4b. City, Town	n, or Location of Daat			
L			GREATER BALTIMORE				Williams d Vons	TOWSON		BALTI		
	Funeral Director		5. Social Security Number 6. Sax 1215–16–2087	7. Ag M 2- F	73	Yrs.	If Under 1 Year Months Days	If Undar 24 Hours	Min. October	<sup>th</sup> 29, 19		ca (Stata or Foraign y) aryland
	P.		Usual Residence of Decedent									
	show	7	MD 10b. County			Town or Loca Altimor					100	d. Insida City Limits 1 ☑ Yas 2 ☐ No
	the N	Director	10e, Street and Number		De	TLLIIIOI	10f. Zip Coda			10g. Citizen of V	Affras Courts	44
	d 2 should be filed within 72 hours efter death with the Maryland the ond Mentel Hygiene.  7 is marked other than "natural", or frame 23a or 28af show traumatic event, the Medical Exeminer must be notified at		6225 York Roa	d Apt. 4	406E		2121	2		U.S.		y ·
	death	Funeral	11. Marital Status	12. Was Decedent	Evar in U,S	6. 13. W	as Decedent of I	lispanic Origin	n? (Specify Yas or No Puarto Rican, etc.)	- 14. Rac	a - Amaricai	
0	or he		1 Nevar Merried 2 Married	Armed Forces?  1 ☐ Yas 2 ☐ If Yes, Give X Year or Datas:	No		res, specify Cub. ⊐Yas 2 <sup>1</sup> No	an, Maxican, I Specify:	Puarto Hican, etc.)		ck, White, at	
21215-0020	72 hours efter neturel", or ite sicel Exercine	d by	3 Widowed 4 □ Divorced	Year or Datas:			J 185 2 190	эреспу.		Specify	Whi	te
5	"natu	Completed	15. Decedent's Educ (Specify only highest grade	cation completad)		(Give ki	nt's Usual Occup nd of work done O NOT use retire	durina most a	of working	16b. Kind of Bu	usin <b>ess/Ind</b> u	stry
212	filed within Hygiane. rther than "	ошо	Elemantary/Secondary (0-12)	College (1-4or 5	5+)			o)		II		
	other other	BeC	17. Father's Neme (First, Middle, Last)			nou	sewife_	18. Mother's	s Name (First, Middle	Home, Maiden Suman	16)	
<u>Jai</u>	should be and Mentel a marked of urretic eve	TOE	Clarence Albert P	indell						Diet	zler	
Maryland	2 sho end is me		19e. Informant'a Name/Reletionship (Ty)						or Aurai Aoute Numb			
	t Health thealth them 27 other tr		Mr. Edward Pindel	l Jr.	not nu	102 ace of Disposit		Avenue	Baltimore			
ņ	2555		1 XBurial 2 ☐ Cremation 3 ☐ R	emoval from State	Cel	m <i>etery</i> , c <i>re</i> ma	tory or other pla		Dete	20c. Location -		
Baltimore	permit. Pag Department Important: I any injury c		4 □ Donation 5 □ Other (Specify)  21. Signature of Feneral Service Dicense	1 1	Lorr		ark Cem		2/28/96	Balti	more,	Maryland
ä	Pen gang gang		LG. (1)	JAN 1					The Dippe			
	M 1000		23a. Part 1. Enter the disease, or complications, or heart failure. Lat only on	angra that caused	the death.	711 Do not antar	O Belai the mode of dyir	r Road	Baltimore	Maryla		206 Approximata
k	Physician		anjock, or heart tailure. Last only on	/	-						1	nterval Between Onsat and Death
7	/Medical	M	Immediate Cause (Final disease or condition	Acu	Ve	58	rok	e				1day
В	Examiner		rasulting in death)		Due to (or	es a conseque	ence of):					
	bed list	nine	_ b									
Č,	the deeth certificete be executed by the ettending physician and sched for use as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Dua to (or	as a conseque	ence of):					
8760,	ysicia na bur	icai	that initiated evants		Due to (or a	as a consequa	inca of):					
9		8	resulting In deeth) Lest								i	
Box	as that the deeth certific igned by the ettending p be detached for use as	Physician/M	d d								1	
P.0.	the e	ysic	Part II. Other significant conditions con-	tributing to death b	ut not rasul	ting in the und	arlying cause giv	en in Pert I.	23b. Dld	tobacco use co	ntribute to t	he cause of death?
	that the part of details								10	Yss 2 No	3 Probe	bly 4 thonknown
rds	law requiras that as been signed b 2 should be deta	ed by								an autopsy	24b. Were	autopsy findings
Records,	aw reals bee	Completed							pend	ormed?	com	abla prior to pletion of cause iath?
	The law ate has page 2	EOC							10	Yas 2 10 No	10	Yes 2□ No
Ita		Be	25. Was case referred to medical axaminer?					26. Pleca o	f Daath (Check only o	one)		
5	Physician: this certific ral director,	2	1 ☐ Yes 2 ☐ No	ospital: 1 (2 Inpatia		R/Outpatient	3□ DOA Oth	4 LI Nurs	ing Home 5 ☐ Resi			
u C	Ing Atta	ion	27. Mannar of Death  1 ☑ Natural 5 ☐ Pending	28a. Date of Injur (Month, Day	Y Year)	28b. Time of Injury	28c. Injur Wor	yat k? Yas 2⊡No		how Injury occurr	ed	
Division of Vital	i or Attending after death.   Director: After d in by the fune	ficat	2 Accident Invastigation 3 Suicide 6 Could not be determined	28a. Plece of Inju	ury - At hom	ne. farm. stree		185 ZUNC		Street and Numb	er or Rural I	Poute Number.
Š	교육등	Certification:	4 Homicida	building, etc	c. (Specify)	,	,,,		City or To	vn, State)		
	the Hospital hin 24 hours the Funeral hpletaly Illiad		29a. Certifier 1 Certifying Physical Check only 2 Medical Examin	clan: To the best of	of my knowl	ledga, death o	ccurred at the tir	ne, date and p	placa, end due to the	cause(s) and ma	nner es stat	tad.
	the H The P The F	Medical	one)	and manner sta	ited.	A CHOOL INVES						``
	245		29b. Signature end title encertifier	Mark			29c. Licans	_/ Z &	49	29d. Date signed	7 - G	y, Year)
		-	20 Name and citizens	v week	and the	00-1/0	<u> </u>	100	//	20	/ /	0.
			30. Nama and addrass of person who cor	DI, M	eeth (Itam 2	238) (Type, Pr	054	ER	Dr. Ton	Ison 1	7d- 2	6. 2/204
	Sta	te	31. Date filed (Moet) Par Year 996	3º Redsir	ar's Signatu	611						*
	Registr	ar	1 FD ~ 0 1330	The same		and the						



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundstransit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bundst, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	<b>HYGIENE</b>
		CI	ERTIFICATE	0	F DEAT	H		DEG NO

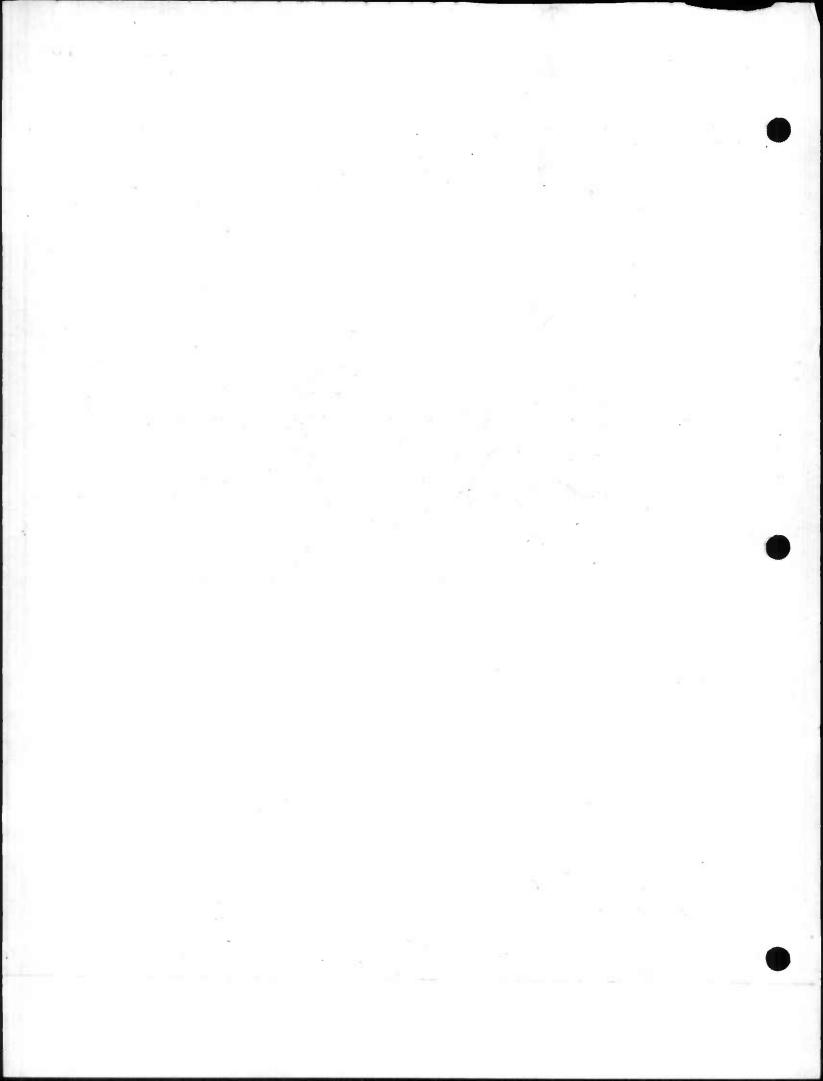
1 - FOR STATE REGISTRAR		STATE OF MAR			MENT OF H			YGIENE EG. NO.		
POSE NAME (FIRST		1210181	4				2. DATE OF MONTH	DEATH DAY	96	3. TIME OF DEATH  945 A M
4. SOCIAL SECURITY NUM 215-56-	1972 1	□ M 2 💢 F	NGE (In yrs. lest bi		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH	a. BIRTI-	IPLACE (State or Foreign y) yland
90. FACILITY NAME (# not in Meridian Name of De				96		kville	EATH		altimo	
10a. STATE Maryland	106. COUNTY  Baltin				own or LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
1801 Wentu	orth Roc					ZIP CODE		2.5	u.	S.A.
11. MARITAL STATUS  1 Never Married 2   3 Wildowed 4 Div	Merried	2. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 X NO	D	If yes, sp	ENDENT OF HISPA rolfy Cuben, Mexica 2 NO Specif	en, Puerto Ricei	pecify Yea or h	No — 14. RACI Blac Spec	E — Americen Indien, k, White, atc. Illy: White
(Specify on Elementery/Secondary (	CEDENT'S EDUCAT ily highest grade cor 0-12)	riON mpleted) College (1-4 or 5+)	(Give	kind of work NOT use re	UAL OCCUPATION done during monthred.)	ON st of working	16b. KIN	ID OF BUSINE	SS/INDUSTRY	
6th grade  17. FATHER'S NAME (FIRST, I	,	0	Но	usewi	ise	16. MOTHER'S NA	, ,		neme)	
John Simon  190. INFORMANT'S NAME  Jeanne Swe	Type/Print) (da	ughter)				nd Number or Rural th Boule		City or Town, St		and 21286
20e. METHOD OF DISPOSI 1 Duriel 2 Cremeti 4 Donetion 5 Other	riON on 3 🗆 Remova r (Specify)			DATEOF	place)	me of	DATE	20c. LOCATI	ON — City or To	own, State
21. SIGNATURE OF FUNER	AL SERVICE LICENTE ROM	Till Sill	ide, Di							imore Street 201-1559
23. PART I. Enter the cahook, or in the cahook,	tions, soliate VING ury	DUE TO (OR	on aach lina.	ENCE OF):		act			fry arrest,	Approximate interval Between Onset and Death  A Owky
Jee	of Co	wh c	Like	- l	]		_ "	YES 2 E	27	), WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO U 25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	BUTE TO CAUS		OF DEATH	Check only one)	] UNCERTAI	NUT			
	Pending	26e. DATE OF INJU (Month, Day, Y	JRY :		Nursing Hom PF 28c, INJ Y WC	URY AT PRES 2 NO	1	BE HOW INJU	RY OCCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE OF IN. building, etc.	JURY — At home (Specify)	, ferm, atre	et, fectory, offic	•	26t. LOCATIO	ON (Street end i own, State)	Number or Rural	Route Number,
anal .		AN: To the best of my								e) end manner ea stated.
29b. SIGNATURE AND TITL	an	L'C/K	D			29c. LICENSE NU	IMBER	29	DATE SIGNED	(Month, Day, Year)
30, NAME AND ADDRESS (	h V	32. REGISTRAR'S	+12		U 80	903 1	HAR	FOR	A) Es	712 3V
	1996	the Muclean	Part 11				134 TO	· Ka	D, o	21234.

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7	ATTENDING DHVSICIAN
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5	MINIG
DIVISION	ATTEN
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IN THE PAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be must after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. urs after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest)  MCDONALD	OI	LIVIERRE	<u>.</u>	J	ANUARY		3. TIME OF DEATH 11:35 A M	
	4. SOCIAL SECURITY NUMBER UNKNOWN			ONTHS DAYS	IF UNDER 24 HRS; HOURS MIN.	7. DATE OF BIRTH April 27,	1936	BIRTHPLACE (State or Foreign Country) Trinidad	
TOR R	98. FACILITY NAME (If not institution, give s MARYLAND GENER RESIDENCE OF DECEDENT				ORE CIT	BALTIMORE CITY			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland n/a	1	10c. CITY, T Balte	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?  1X YES 2 NO	
3AL	10e. STREET AND NUMBER				ZIP CODE			N OF WHAT COUNTRY?	
NE	501 W. Franklin S	treet 12. was decedent ever 1	NII C ADMED		21201	o onionio di la v		inidad	
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 K NO	If yee, spe		IC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	a or No 1	4. RACE — American Indian, Black, White, etc., Specify: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	tee. DECEDENT'S US (Give kind of work life. Do NOT use n	SUAL OCCUPATION MOST	N at of working	16b. KIND OF BU	ISINESS/INDUS	STRY	
PLE	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+) UNKNOWN	Janitorio	il work		Laundro	mat		
SON	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melder			
BE (	McDonald Ollivier	re				Ollivier			
9	190. INFORMANT'S NAME (Type/Print) (W Patricia Bellamy	ese)				loute Number, City or Tox ltimore. I			
	20a. METHOD OF DISPOSITION	20'	D. PLACE ANO DATE OF					nd 21213 ty or Town, State	
	1 Burial 2 Cremation 3 Rem 4 Donation 5 X Other (Specify) 12		metery, cremetory or other	r place)					
	21. SIGNATURE OF FIRM HAL SERVICE LIC		Dir.	State		Board-65		altimore Street 21201-1559	
1	23. PART I. Enter the diseases, or ehock, or heart failure.	complications that ceuse Liet only one ceuse on e							
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	RENAL FA	AILURE					Onset and Death I month	
		ACQUIRED	A CONSEQUENCE OF):	TOTES	ENCY SY	NOR OME		5 years	
CERTIFICATION	Sequentially list conditions, If any, lasding to immediate  OUE TO (OR AS A CONSEQUENCE OF):								
ICA	cause. Enter UNDERLYING CAUSE (Disease or injury	C-							
RTIF	thet initiated events reaulting in death) LAST	DOE TO (OH AS	A CONSEQUENCE OF):						
	DATE II Oshoo alicelila and a codila	d							
MEDICAL	PART II. Other eignificant condition	ia contributing to death i	but not resulting in	the underlying	ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
<u> </u>						1 TYES	₹ }Į NO	OF DEATH?	
	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	OF DEATH YES	□ NO E	UNCERTAIN	10		1 120 2 100	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 57	26. PLACE OF DEATH	(Check only one)					
IYSI	1 TYES 2X NO	1 Inpatient 2 N ER/Out		☐ Nursing Hom	e 5 ☐ Raaldenca				
	t 🎇 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	TY WO	DRY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	/RED	
red BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, stracify)			281. LOCATION (Street City or Town, State		r Aural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI							d. ceuse(e) end menner as stated.	
	296, SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM			SIGNED (Month, Day, Year)	
TO BE	diblect	Kent "	an		0069	46	1	119/96	
Ē	30. NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pi	(19 th)	decel	St.	212	.61	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE						



	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYG		9.50	
	1. DECEDENT'S NAME (First, Middle, Last)			Puna	3a	2. DATE OF DEAT	TH DAY	3. TIME OF DEATH	
		□ M 2 X F 80	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTI (Morith, Day, Ye. Oct. 17.	1915	BIRTHPLACE (State or Foreign Country) Latvía	
TOR	Shady Grove Advent		e	Rocku	or Location of Di	EATH		y of DEATH ntgomery	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgo	omery		Y, TOWN OR LOCAL ROCKUILL				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	14639 Bauer Drive-			101. ZIP CODE 109. CITIZEN OF WE 20853 U.S.A.					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 K NO	If yes, sp	CENDENT OF HISPAL Decity Cuban, Maxics 3 2 X NO Specif	in, Puarto Rican, ato		8. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED			(Give kind of life, Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					
	12th grade 17. FATHER'S NAME (First, Middle, Last) Ernest Kirsteins		unknown		16. MOTHER'S NA Meta St	ME (First, Middle, Mi	IKNOWN  eiden Sumame)		
TO BE	198. INFORMANT'S NAME (Type/Print) (daughter)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  25 Maryland Avenue-Gaithersburg, Maryland 20877								
	20a. METHOD OF DISPOSITION 1	I from Stata ceme	etery cremetory or o	OF DISPOSITION (Na ther place)		1	e. LOCATION — Cit		
	4 TyDonation 5 Other (Specify)  21. SIGNATUME OR FUNERAL SERVICE LICEN RO NO	S. Wade,	Dir, 23/8c	State Rm.B02	26-Baltin	nore, Mar	ryland	ltimore Street 21201-1559	
	23. PART I. Enter the diseases, or conshock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	A C U	TE R	LENA	L F			Approximate interval Between Onset and Death	
ATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL C	PART II. Other significant conditions of	In the underlyin	g ceuse given in	PE	IS AN AUTOPSY REFORMEO? ES 2 (XNO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN		IOSPITAL:		OTHER:	LACE OF DEATH (Ch				
PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 26c. IN.	JURY AT ORK? YES 2 NO		OW INJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, atc. (Special	— At homa, farm,	street, factory, offic	ca	261. LOCATION (S City or Town,		Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:							cause(s) and manner as stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIER	w mp			29c. LICENSE NUI	MBER 3224	29d. DATE S	BIGNED (Month, Day, Year)  BRUARY 91, 1991	
0	30. NAME AND ADDRESS OF PERSON WHO CO	- 6 (6)	ATH (ITEM 27) (Type	nstan	D8#40	1 Rock	ville	528 OC AM	
	FEB 2 9 1996	72. REGISTRAN'S SIGNA		3 (1-1)	0 1 10	,			

11.

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

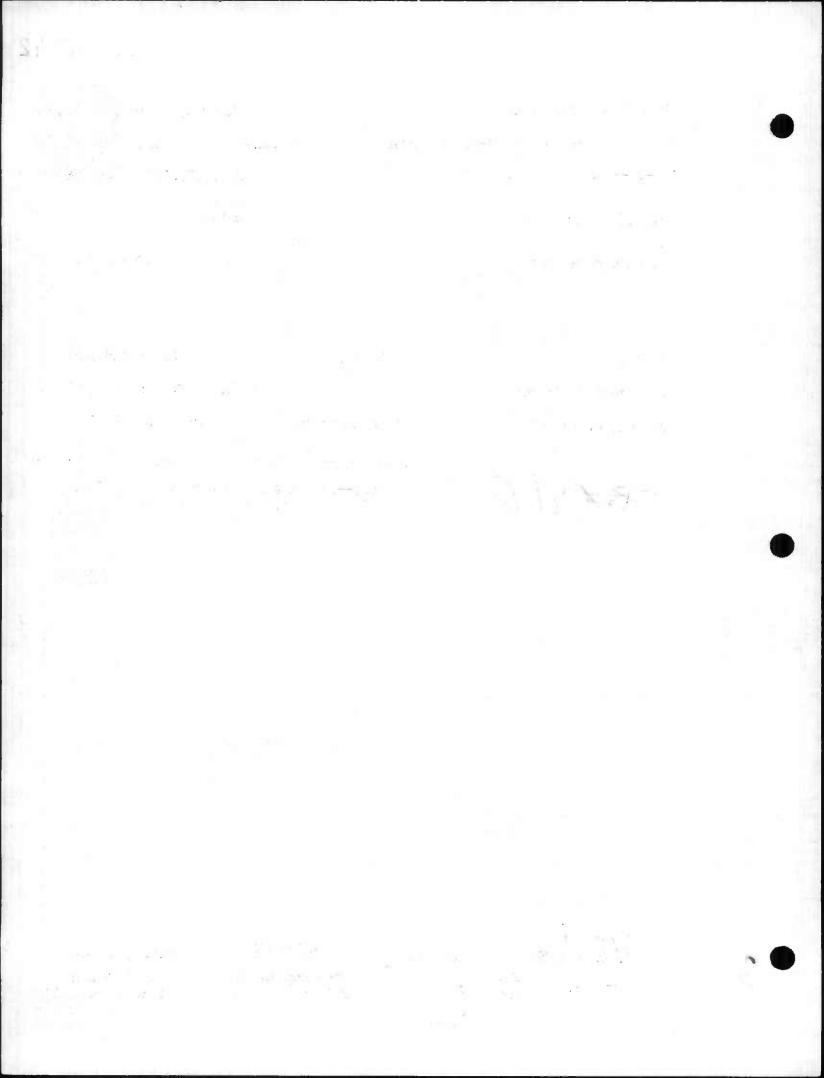
05642 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day **Physician** Month Year Geraldine Marie Potter February 26,1996 8:00 pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Johns Hopkins Bayview Medical Center Baltimore If Under 1 Yeer If Under 24 Hrs.
Monihs Deys Hours Min. 5. Sociel Security Number 9. Birthplece (State or Foreign Country)
West Virginia 7. Age (in yrs. iast birthdey) **Funeral** Deys 1□ M 2☑ F 74 234-24-5393 Director Usuel Rasidence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hyglene. Important: if them 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other transaction event, the Mental Examiner mast be notified at 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Dundalk 1 Yes 2 No Mayrland Baltimore Directo 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code 21222 United States 7710 Fairgreen Road Funeral 14. Rece - American Indien, Bleck, While, etc. . Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Sietus 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 31 Widowed 4 □ Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemaniery/Secondery (0-12) Coilege (1-4or 5+) Hotel Industry 12 Years Hostess 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Gladys Merle Blair William Guy Vincent 19a. Informent's Neme/Reletionship (Type, Pnint) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joppa, Maryland 21085 Jeffrey K. Potter 1110 Clayton Road 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cremeiion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore. Maryland Oak Lawn Cemetery 2/29/1996 21. Signeture of Funerel Sen 22. Normo and Address of Eocility
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 Part Finer the disease, or complications thet caused the death. Do not enter the mode of dying, such es cardiec or respiratory errest, or heer feilure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Causa (Final a. COPD diseese or condition resulting in deeth) 10 years Examiner Due to (or es a consequenca of): Examiner Tension pneumothorax 5 hours The lew requires that the deeth certificate be executed physician and the buriel-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated evants resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es a consequence of) 88 use signed by the e Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Dld tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown by 24e. Wes en autopsy performed? 24b. Were eutopsy findings evalleble prior to completion of cause of death? Completed page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 No certificate Hospital or Attanding Physician: 24 hours efter death.
Funeral Director: After this certifica 25. Was case referred to medical Be 26. Place of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Manner of Deeth 28a. Deta of Injury (Month, Dey Year) Certification: 28b. Tima of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturei 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of injury - At homa, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 24 hours e 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. To the Hosp within 24 hou To the Funer completely fil Medical 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the ilme, dete end place, end due to the ceuse(s) end menner steted. 29b. Signature and Ittle of certific 29c. License number 29d. Date signed (Month, Dey, Year) February 28,1996 ass of person who complete use of daeth (Itam 23a) (Type, Print) 30. Neme and Johns Hopkins Bayview Medical Center DE Dong 4940 Eastern Avenue, Baltimore, MD 21224

State Registrar 31. Dete filed (Month, Day, Year)

FEB 2 9 1996

32. Registrar's Signature

Jali Muller Parlett



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

6

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND M	IENTAL HYGIENE
CERTIFICATI	OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF			GIENE				
1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF D	EATH		3. TIME OF DEATH		
Catherine	Emma	Pe	rrine		номти Еврица	rv 25 1	YEAR	2:55 P M		
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRTH	IPLACE (State or Foreign		
213-20-8296	1 🗆 M 2 😾 F	82 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,	1913	Count	nnsylvania		
9e. FACILITY NAME (If not institution, give	s street end number)		9b. CITY, TOWN	OR LOCATION OF D			OUNTY OF D			
305 E. Joppa I	305 E. Joppa Road, Apt 610 Towson									
10a. STATE 10b. COUR	(TY	10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY		
Maryland Bal	ltimore		Towson					LIMITS? 1 YES 2 W NO		
10e. STREET AND NUMBER				DI. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?		
305 E. Joppa	Road, Apt	610	7	21286		1	U.S.A	Δ.		
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Sp	ecify Yee or No-	- 14. RAC	E — American Indian,		
1 Never Merried 2 Merried	FORCES? 1 I	YES 2 NO		pecify Cuban, Mexic S 2 X NO Speci		etc.)	Spec	k, White, etc.		
3XXWidowed 4 Divorced				A TAMES	9.		Spoo	White		
15. DECEDENT'S El (Specify only highest gra		16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KINE	OF BUSINESS/	INDUSTRY			
Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during ri se retired.)	lost or working						
9		Homemak	ker			Own Hom	ie			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle	Maiden Sumeme	)			
Walter E. I	rwin			Edn	a Vern	Steck				
19e. INFORMANT'S NAME (Type/Print)	11	19b. MAILING	AODRESS (Street	end Number or Rural						
Walter E. Irwin	1	2098						sylvania 15		
20e METHOD OF DISPOSITION		20b. PLACEAND DATE				20c. LOCATION				
1X Burial 2 Cremetton 3 Re 4 Donation 5 Other (Specify)	moval from State	Crest Law	ther place)	ery 2-28	-96			le, Marylan		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	oreco ban		IND ADDRESS OF F				ito, narytan		
		0 0		Towson :		Home.	Inc.			
Mallace	S. Brook	1,21.		York Ro				04		
a. Arteriosclerotic Cardio Vascular Disease DUE TO (OR AS A CONSEQUENCE OF):  Sequentlelly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):										
PART II. Other eignificent conditions of the part of t	SY 246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:	26. PLACE OF DEA	OTHER:	»)						
1 YES 2 NO		R/Outpetlent 3 DOA		me 5 Residence	6 Other (Spe	icity)				
27. MANNER OF DEATH	28e. DATE OF tN (Month, Day,	JURY 28b. TIN		JURY AT	28d. DESCRIB	E HOW INJURY	OCCURED			
1 Netural 5 Pending 2 Accident Investigatio	n			YES 2 NO						
3 Suicida 6 Could not a	De building, etc	NJURY — At home, term, c. (Specify)	— At home, term, street, fectory, office			281, LOCATION (Street end Number or Rural Route Number, City or Town, State)				
9001	YSICIAN: To the best of my				e time, data and	place, and due to	the ceuse(	e) end manner ee stated.  D (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON	WHD COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	e, Print)							
Charles F. O'	Donnell, M.	D. 408 Ha	rper Ho	ıse, 111	Hamlet	Hill R	d. Ba	lto., Md. 2		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S							,		
FEB 2 9 1996	A Standard	0								

#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death **Physician** Month 11:40 Pm POPE EUNICE MARGARET Februa /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner ARUNDET HOSPITAL GLEN BURNIE ARMINEL NO2TH ANNE If Under 1 Year If Under 24 Hrs. 8. Data of Birth Month, Day, 5. Social Security Number Birthplaca (Stata or Foraign Country) 6. Sax 7. Aga (In yrs. last birthday) **Funeral** 1 M 2 XF Yrs Director 248-01-5569 78 08/27/1917 SOUTH CAROLINA Usual Rasidance of Decedant death with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f sho treumatic event, the Medical Examiner must be notified at 1 Yas 2X No MARYLAND WASHINGTON WILLIAMSPORT Direct 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? P.O. BOX 485 21795 U.S.A. Funerai 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ZNo If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status nit. Pages 1 and 2 should be filed within 72 hours aftar entment of Health and Mental thyglane. ortant: If Item 27 is marked other than "naturel", or Item injury or other treumatic event, the Medical Examina 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ Specify. 3 Widowed 4 Divorced WHITE 16a. Dacedant's Usual Occupation (Giva kind of work dona during lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry ring most of working (Specify only highast grada complated) Elamantary/Secondary (0-12) College (1-4or 5+) **HOMEMAKER** N/A OWN HOME 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) NONIE LOREN SISK FORTENBERY 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 8019 FOXTAIL LANE, GLEN BURNIE, MARYLAND THOMAS ANTHONY SHIELDS 21061 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Burlal 2 Cramation 3 Bamoval from State permit. Page Department of Important: If eny injury or once. 4 Donation 5 Other (Specity) MEADOWRIDGE MEMORIAL PK. 3/1/96 ELKRIDGE, MARYLAND ture of Funeral Service Licensee 22. Nama and Addrass of Facility SINGLETON FUNERAL HOME 1 SECOND AVENUE S.W., GLEN BURNIE, MD 21061 se, or completions that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Approximata intarval Between Onaat and Death **Physician** /Medical Immediata Causa (Final MYPCARDIAL INFARCTION disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of Examiner CORONAR physician and the burial-transit Sequantially list conditions, if any, leading to Immadiata causa. Enter Underlying Causa (Disease or Injury that initiated evants rasulting In death) Last Dua to (or as a consequence of) P.O. Box 68760. Physician/Medical Dua to (or as a consequence of): 980 been signed by the a should be datached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed 1 Yas 2 No 1 Yas 2 No certificate Hospital or Attending Physician: '24 hours after death. Funeral Director: After this certifica 25. Was casa rafarred to medical Be 26. Placa of Death (Chack only ona) axaminar? Hospital: 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 2 1 Inpatiant 2 ER/Outpatient 3 DOA funerai 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Natural 5 Panding 1 Yas 2 No invastigation 2 Accidant 6 Could not be datarmined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Placa of Injury - At homa, farm, street, factory, office building, atc. (Specify) completely filled in by 4 Homicida To the Hospital of within 24 hours a To the Funeral D edical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29a. Certifia: 2 Medical Examinar: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) MUD 30. Nama and addrag of person who complated causa of death (Itam 23a) (Type, Print) GON BURNE DIETUN HOSSITAL 30) 21061 State

**DHMH 16 Rev 6/95** 

31. Data fliet (Month, Day, Year) FEB 2 9 1996 32 Registrar's Signatura

Registrar

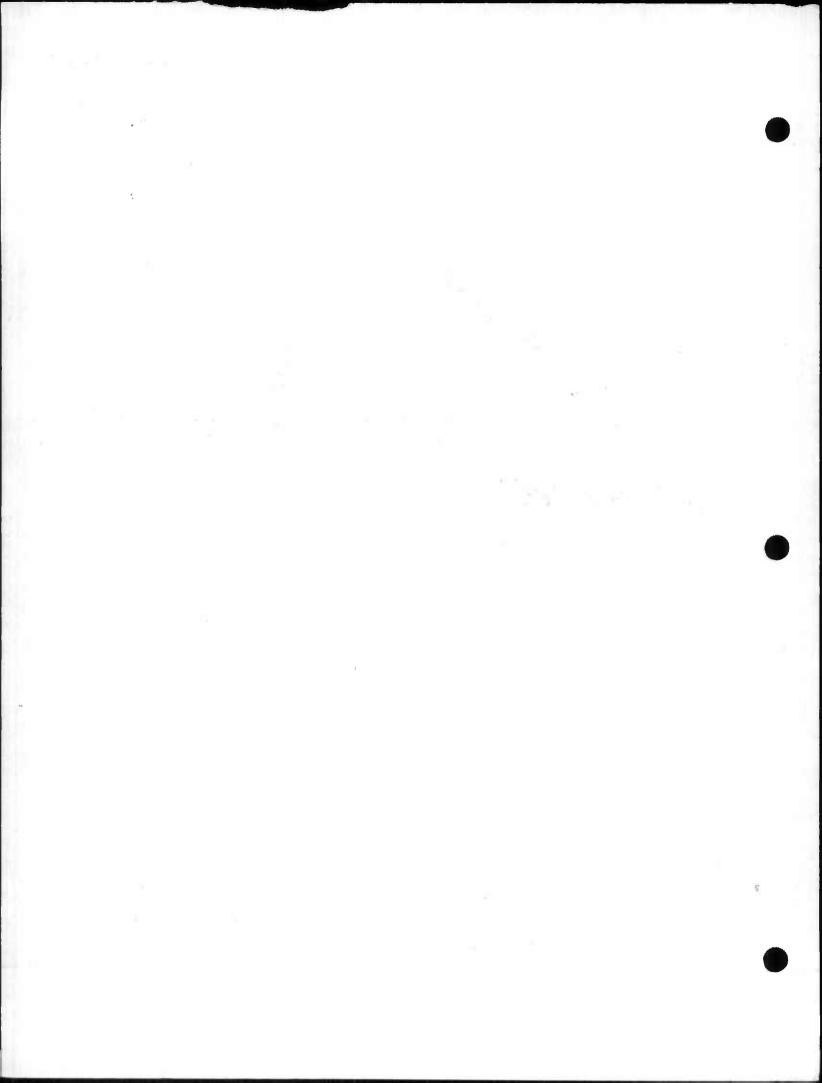
d'unit the second of th and the proof of the first that the proof of the second and the second of the second o

DIVISION OF VITAL RECORDS, P.O. BOX 68761

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

HEALTIMORE, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be detached for use 2 for use 3 for

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC				HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  .IOHN TRO	DY RO	SE			2. DATE OF	RY 2	199	3. TIME OF DEATH 02:18	м	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) MONTHS DAYS HOURS MIN. MAY 6, 1948 MAY $\frac{1}{2}$								BIRTHPLACE (State or Foreign Country)  aryland		
TOR	96. FACILITY NAME (N not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  Sacred Heart Hospital  GESIDENCE OF DECEDENT  Cumberland  Allegany										
DIRECTOR	100. STATE 10b. COUNTY Maryland Alle			own on Locat				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO			
FUNERAL	100. STREET AND NUMBER 14201 Winchester	Road		101.	21502			10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 🕅 NO	If yes, spe	ENDENT OF HISPAN polify Cuben, Maxica 2 X NO Specify	n, Puerlo Ric		or No- 14.	RACE — American Indian, Black, White, atc. Specific White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	rk done during most of working					RY		
MP	10th grade	0	Laborer					ious			
8	John Donald Rose				18. MOTHER'S NA Audreu						
BE	19a. INFORMANT'S NAME (Type/Print)	ather)	19b. MAILING AD	DRESS (Street a	nd Number or Rural				de) 21502	-	
2	John D. Rose								Maryland		
	20s. METHOD OF DISPOSITION 1 Durist 2 Cremetion 3 Removal from State 4 % Donation 5 Other (Specify)										
	21. SIGNATURE OF FUN RAL SERVICE LIC	Royald S. (1	vade, Dir.						ltimore Stree 21201-1559	et	
	23. PART I. Enter the diseases, or cannot be a served about, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liat only one cause on e	the death. Do not ech line.						Approximate interval Betwee Onset and Deat	th	
NOIL	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
AL.	PART II. Other significent condition	s contributing to deeth be	ut not reaulting in t	he underlying	g ceuse given in		PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES		UNCERTAI	N D8			1 TES 2 NO		
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH	Check only one)		-				_	
SIC	1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outp		THER:  Nursing Hom	e 5 🗆 Rasidenca	6 🗆 Other (	Specify)				
ВУ РН	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ WO M 1 1	RK?	28d. DESC	RIBE HOW II	NJURY OCCUR	ED		
ED	3 Suicide 6 Could not be 4 Homicide datarmined	26s. PLACE OF INJURY building, atc. (Spec	— At home, term, stree	et, factory, office	0		TON (Street a Town, State)	nd Number or F	Rural Route Number,		
COMPLET	anal .	CIAN: To the best of my knowless: On the besis of examination							suse(s) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIES  PHOM			29c. LICENSE NUMBER D26907				NUARY 24 96			
5	Harit Sidhu	O COMPLETED CAUGE OF DE		alsh k	load Cu	mber	land	Mn.	21502		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		1							



9	PYP
õ	2
P.O. BOX 6	certificate
S, D	death
ä	the
O.R	that
REC	requires
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2	P
DIVISION OF VITAL RECORDS, I	INSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate he exec
VISION	ATTENDING
5	a
_	INSPITAL

FEB 2 9 1996

32AREGISTRAR'S BENATURE

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLA			TMENT (			ME	NTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)	ouisi							2.	DATE OF DEATH		99%	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER  216-24-8239  9a. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F street and number)	* <b>18</b> 59	n yrs. lest bi	YRS.		MYS H	DURB MIN.	1	DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)  Bally WORM  9c. COUNTY OF DEATH		( I more MD
DIRECTOR	SOUND TOWN-W	Noteste				Ball	enly	e M	0		2.1	N/A	
	MD . 10a. STATE 10b. COUNT NO. 10a. STREET AND NUMBER			BALTIMORE 1 YES					10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	37 N. MO	RLEY STE		T 21229							S. O	F A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	8 2- NO If yes, specify Cuban, Mexica				ican, Pu	Puerto Rican, etc.) Black, White, etc.				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	Coffege (1-4 or 5 - N A		Iffe. Do	kind of w	T'S USUAL OCCUPATION of work done during most of working T use retired.)  AID  16b. KIND OF 8  PRIV							LIES
BE CON	17. FATHER'S NAME (First, Middle, Last) UNKNOWN						- 1			AME (First, Middle, Maiden Surname) MAE JONES			
TO B	198. INFORMANT'S NAME (Type/Print)  MR. BERNARD KNOX  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Str. 37 N. MORLEY STREET BALTO.												
20L METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION								ON — City or Town, Stata ROWNSVILLE, MD.					
	21. SIGNATURE OF FUNERAL SERVICE LI	Lwy	T.	GWY		LE 45	WIS	DADK	WY:	NN FUNE	VE	RΛ	E 21215
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	Complications that List only one cau	Ly/	the death	ni	OL	e mode	of dying, au	ich aa	cardiac or respi	ratory an	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated example)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									ease.			
SERTIF	that initiated events resulting in death) LAST	d	(OR AS A	CONSEQUE	INCE OF	): 							
MEDICAL	PART II. Other significent condition	ns contributing to	death bu	it not resu	uiting in	the unde	rlying c	tuse given i	n Part	I. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: N	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CA				S NC		UNCERTA	IN E		٠		1  YES 2  NO
rsic	EXAMINER?	HOSPITAL:	ER/Outpa	itlent 3,2		OTHER: 4 - Nursing	Home !	☐ Rasidence	6 🗆	Other (Specify)			
ВУ РН	27. MANNEB OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	INJURY sy, Year)	21	8b. TIME INJU	IRY	c. INJURY WORK?		28d	. DESCRIBE HOW II	YJURY OC	CURED	
ETED 1	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE O building,	F INJURY - atc. (Specif	At home,	, ferm, at	reet, factory,	offica		28t.	LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLI	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the basis of as											and menner as stated.
O BE C	2016. SIGNATURE AND TITLE OF CENTIFIE	me	d		M	D	29	c. LICENSE N	UMBER 7/	27	29d. DAT	E SIGNED	Mogin, Day, Year)
	300 Almory	PLACE	- 13	-Ut	LONDA	Print)	M	D.		2120	1	*	

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN	E	
DECEDENT'S NAME (First, Middle, Last)     George	Willard		Russell	2. DATE OF DEATH MONTH DA	1996 YEA	3. TIME OF DEATH 9:00 A M
4. SOCIAL SECURITY NUMBER 213-10-4286  9e. FACILITY NAME (If not institution, give	1 m 2 □ F 82	2 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.  Ob. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Ybar) February 2	Co	Maryland
2420 Derby Drive.			Fallston	EAIN	Mary	
MD 106. COUNT Har	ford		town or location 11ston			10d. INSIDE CITY LIMITS? 1 YES 2XXNO
100. STREET AND NUMBER 2420 Derby Dr	·ive		101. ZIP CODE 21047		10g. CITIZEN C	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1  YES 2 NO Speci	an, Puerto Rican, etc.)	8	ACE — American Indian, Hack, White, etc. Pocity: White
15. DECEDENT'S EDI (Specily only highest grad Elementary/Sacondary (0-12)		life. Do NOT use	rk done during most of working	166. KIND OF BUS		Y
17. FATHER'S NAME (First, Middle, Last)  Unknown				AME (First, Middle, Malden Unknown		
190. INFORMANT'S NAME (Type/Print) Richard Russell	L	2420	Doness (Street and Number of Aura Derby Drive Fal	llston, Mar	yland 2	1047
20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	moval from State con	netery, cremetory or other	Crematory  22. NAME AND ADDRESS OF F	2/28/96 B	ppel Fu	e, Maryland Ineral Home
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	rotic Car a consequence of: a consequence of:		sease		
PART II. Other eignificent condition	d					
Alahoimora Dias		out not reauiting in	the underlying cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Alzheimers Dise	ease		5 □ NO □ UNCERTA	PERFOR	MED?	AVAILABLE PRIOR TO
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  100 YES 2 NO 27. MANNER OF DEATH	ease	DF DEATH YES	I (Check only one)  OTHER:  I Nurshing Home Reeldence  OF 28c. INJURY AT	PERFOF	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? TYPES 2 NO	TRIBUTE TO CAUSE C  HOSPITAL:    Inpetient 2 = ER/Outs (Month, Dey, Yeer)	DF DEATH YES  28. PLACE OF DEATH patient 3 □ DOA  28b. TIME INJU  Y — AJ home, ferm, at	OF Lesc. INJURY AT WORK?  M   Yes 2   NO	PERFOF  1 VES 2	NJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  15. YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 4 Homicide 6 Could not be 4 Homicide 6 Could not be 4 Check only 1 CERTIFYING PHY	TRIBUTE TO CAUSE C  HOSPITAL: 1   Inpetient 2   ER/Out  28e. DATE OF INJURY (Month, Dey, Yeer) 28e. PLACE OF INJURY building, etc. (Spe	28b. TIME INJU	OF Lesc. INJURY AT WORK?  M   Yes 2   NO	PERFOR  1 YES 2  IN PROPERTY  2	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  D  ural Route Number,
DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  10 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMIN	TRIBUTE TO CAUSE CO  MOSPITAL: 1   Imperient 2   ER/Out  28e. DATE OF INJURY (Month, Dey, Yeer) 28e. PLACE OF INJURY building, etc. (Spe	28b. TIME INJU	OF BETT AT WORKY  I (Check only one)  OTHER:    Nursing Home	PERFOR  1 YES 2  IN PERFORM  2 6 Other (Specify)  2 ad. DESCRIBE HOW I  2 ad. LOCATION (Street City or Town, State)  4 to the cause(e) end mainer time, date and place, and place in the cause(e) and place in the cause (e) and place in the	NJURY OCCURE  and Number or Ru  nner as stated.  and due to the ceu  29d. DATE SIG	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  D  ural Route Number,
DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	TRIBUTE TO CAUSE OF DESCRIPTION OF D	28b. TIME 28b. TIME 1NJU Y — AJ home, ferm, stroify)  viedge, death occurred on and/or investigation  V A EATH (ITEM 27) (Type, in the contract of the contrac	OF 28c. INJURY AT WORKY  I (Check only one)  OTHER:    Nursing Home	PERFOR  1 VES 2  IN VES 2	NJURY OCCURE  and Number or Ru  nor as stated.  and due to the ceu  29d. DATE SIG  Feb	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Dural Route Number,  use(e) end manner ee stated.  NED (Month, Day, Year)

Hickory Power 10

44

Reg. No

2. Deta of Deeth

90-	.0210-	- 2 TO	Discour	The second of th	
MT.			Please	Type or Print in Black Indelible Ink. Assure All Copies Are Leg	ible_
LITT	ITEMS:	8.9.109	11-22	Type or Print in Black Indelible Ink. Assure All Copies Are Leg State of Maryland / Department of Health and Mental Hygiene	46
		F/1 14 30	//	State of Maryland / Department of Health and Mental Hygiene	20
PE	K F.H.	FILM o-73	57 77177	96 + +	

SCHAEFER

Certificate of Death

10d. inside City Limits

1X Yes 2 □ No

**Physician** /Medical **Examiner** 

4a. Facility Nema (If not Institution, giva street end number)

1. Decedent's Name (First, Middle, Last)

LILLIAN

JANUARY

3. Time of Death Dey 14 1996 9:10 AM

2nd.Floor

-

4b. City, Town, or Location of Death BALTIMORE

 $n/\alpha$ 

**Funeral** Director

Usual Residence of Decedent 10a. Stete Maryland Director 10e. Street and Number

Funeral

þ

Completed

2

with the Maryland 7 is marked other than "natural", or Items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

death permit. Peges 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiene. Important: if flem 27 is marked other than "natural", or itea any injury or other traumatic event.

Baltimore. Maryland 21215-0020

Box 68760 certificate be

P.O.

Division of Vital Records,

Attending Physician:

death.

3

Medical

B

Physician /Medical Examiner

Examiner physician end the burial-transit Physician/Medical 88 950 for deteched the yd bengis þ should be Completed Deen this certificate has Be 2 funeral Certification: after death Director: / the

306 S.BROADWAY 5. Social Security Number 1 □ M 2 🗓 F 219-14-1150

10b. County

n/a

306 S. Broadway 2nd Floor

7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. Months Days Hours Min. Days Months Yrs

APRIL 7, 1925

9. Birthplace (State or Fossion Country)

U.S.A.

10c. City, Town or Location Baltimore

10f. Zip Code

10g. Citizen of What Country? unknown

11. Maritai Status Unhanowa 12. Was Decedent Ever in U.S. Armed Forces A. P. C. P. P. C. P. C. P. C. P. P. C. P. P. C. P. P. C. P. P. C. 1 ☐ Yas 2 🗓 No It Yes, Give Yaar or Datas: 1 Naver Married 2 Married 3 Widowed 4 Divorced

1.

1 Yas 2 No

 Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Specify

Black. Whita, etc. White Specify

RETAIL

15. Decadent's Education (Specify only highast grade completed) College (1-4or 5+) Elementary/Secondery (0-12)

 Decedent's Usual Occupation
 (Giva kind of work done during most of working life. DO NOT use retired) weeknown CLERICAL WORKER

21231

16b. Kind of Business/Industry

unknown 9TH 17. Father's Neme (First, Middle, Last)

GEORGE SCHAEFER

18. Mother's Name (First, Middle, Meldan Sumama) - unknown DOROTHY LILLIAN HOHMAN

19a. tntormant's Neme/Reletionship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) unknown 408 RANDON ROAD **BALTIMORE, MD. 21229** 

**8ALTIMORE** 

unknown JOHN G. SCHAEFER (BROTHER) 20a. Method of Disposition 1XXBurial 2 Cremetion 3 Removal from Stete
4 Donetion 5 Exiter (Specify 12 State 4 Donetion

20b. Place of Disposition (Name of cemetery, cremetory or other pieca)

20c. Location - City or Town, Stete

unknown

LOUDON PARK CEMETERY Dir. Wade.

State "Anatomif" Board-655 W. Baltimore Street 21201-1559 Rm. B026-Baltimore, Maryland

7/18

the disease, or com

Ronald

complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, only one cause on each line.

Imme liate Ceuse (Final disease or condition resulting in death)

unknown

, Arteriosclerotic Cardiovascular Disease

Due to (or as a consequence of):

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last

Due to (or es e consequence ot) Dua to (or as a consequenca ot):

Part il. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No

24a. Was en eutopsy

1 ☐ Yes

26. Piace of Deeth (Check only one)

24b. Wera eutopsy tindings available prior to complation of cause of deeth? 1 □ Yes 2 □ No

25. Was case referred to medical examiner? 1X Yes 2□ No

27. Manner of Deeth

1 Accident

3 Suicide

(Check anti-

5 Pending Investigation

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Dey Yeer) 28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 ☐ Nursing Home 5 1 Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred

6 Could not be determined Plece of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceusa(s) and manner as stated.

Wedical Examinar: On the best of examination and/or investigation, in my opinion, deeth occurred et the time, date end placa, and due to the cause(s) end manner stated. 29a. Certifler

28t. Location (Street and Number or Rural Route Number, City or Town, State)

29b. Signafure

29c. License number O.C.M.E.

29d. Dete signed (Month, Dey, Year) JANUARY 15,1996

30. Name end address of person who completed cause of death (Item 23a) (Type, Print)

Laron Locke M.D. 111 Penn Street, Baltimore, Maryland 21201

31. Date filed (Month, Day, Year) FEB 2 9 1996 Registrar





State of Maryland / Department of Health and Mental Hygiene

1	OF	-	1.	0
1	05	0 (	14	7

10d. fnslde City Limits

Approximete Interval Between Onset and Deeth

Budden

2-231996

1 Yes 2 No

			Certificat	e of Death	Reg	. No.		
	Decedent's Neme (First, Middle, Last)				2. Dete of Deeth			3. Time of Country
Physician /Medical	ELLA	SUE	SIZEMORE		FEBRUARY	23,	1996	9:18am
Examiner	4e. Fecility Neme (If not institution, give stre	eet end number)		4b. City, Town, or I	ocation of Deeth	4c. Cour	nty of Deeth	
	24-H DEER LODGE COUR	RT		OWINGS	MILLS	BAL!	TIMORE	

**Funeral** Director

death with the Marylend rel', or items 23a or 28a-f show Examiner must be notified at Peges 1 end 2 should be filed within 72 hours after of the tot of Heelth end Mental Hygiene.
nt: if item 27 ie marked other than "naturel", or her "naturel", or

traumatic event, the Medical

Director

Funeral

by

Completed

Be

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Examiner

Item 2. = 5 Important: If eny Injury o once. **Physician** /Medical Examiner

Baltimore, Maryland 21215-0020

physician and the buriel-transit requires that the death certificate be executed Dilyision of Vitai Records, P.O. Box 68760. 38 USB signed by the aid

Attending Physician: funeral death. **Director:** lilled in by To the

5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. Months Deys Hours Min. Birthplece (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) 1□M 2XF Yrs. 218-44-1537 49 JUNE 5,1946 MARYLAND Usuel Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location MARYLAND BALTIMORE OWINGS MILLS 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21117 24-H DEER LODGE COURT USA 13. Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, etc. 11. Meritel Stetus 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 X No Specify: Specify: 3 Widowed 4 Divorced WHITE 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) ASSEMBLER ELECTRONIC HOUSE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) FEINSTEIN DOROTHY **MARCUS** MAX 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3428 ER) 3824 AUGUSTA ROAD MANCHESTER, MD 21102 19e. Informent's Neme/Reletionship (Type, Print) MR. MAURY FEINSTEIN (BROTHER) 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) OHR KNESSETH ISRAEL ANSHE SFARD 2-27-96 ROSEDALE, MD are of Funeral Service Lice 22. Neme end Address of Fecility SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23a. Part I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, which, or hear failure. List only one cause on each line. Immediate Cause (Final acute myocardial In Carchan diseese or condition resulting in deeth) Due to (or es e consequence of): Arteriosclardic Carpicuardia nusoos 18 years Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury thet Initieted events resulting in deeth) Lest Due to (or es e consequence of) Due to (or es e consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death?

Physician/Medicai 12 Yes 2 No 3 Probably 4 Unknown Dicheles Melytus, Hypederman, Cyanutus þ Completed 24e. Wes en eutopsy performed? 24b. Were autopsy findings evelleble prior to completion of cause of death? addiction 1 ☐ Yes 281No 1 Yes 2 No Be 25. Wes case referred to medical exeminer? 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Aesidence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1-Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

29e. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and menner as steted. (Check only one) 2 Medical Examiner: On the besis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

1)25062

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DR. GARY MANKO 750 MAIN ST. SUITE 205 REISTERSTOWN, MD 21136 31. Dete filed (Month, Pey, Year) FEB 2 9 1996

State Registrar

Medical

32 Registrar's Signeture Jahn Davelson Randall - V 

Item19a 3-1-96 FilmG733 W.H.Per A. Board
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible,

State

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of Maryland	Department	of Health and Men	tal Hygiene	96	056	501	U

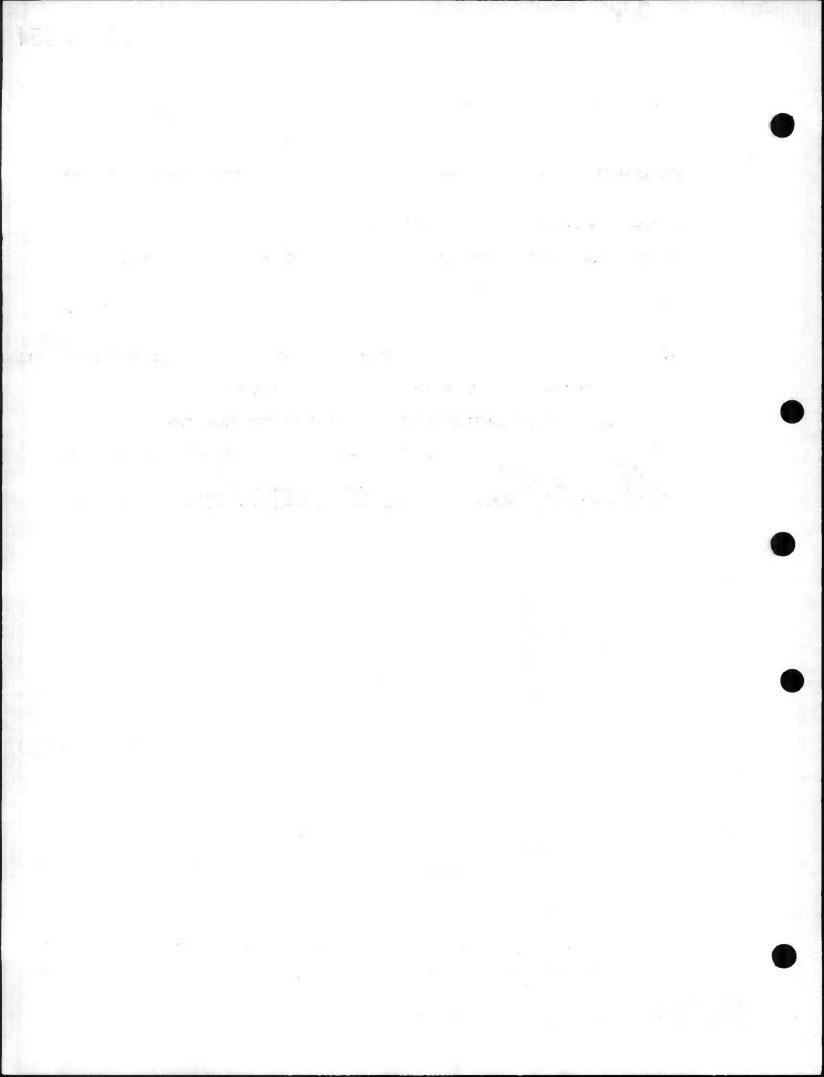
	•					Certific	cate of	Death		Reg. No.			
	14.4	H	1. Decedent's Neme (First, Middle, L	ast)					2. Dete of D	eeth	V.1.	3. Time	e of Deeth
	Physic /Medi		David S	Syker					Month	Dey 2:	Yeer 2 1001	9:2	5 Am
	Exami		4e. Facility Name (If not Institution, g	ive street end number)				4b. City, Town, o	or Location of Dee	th 04c. Cou	nty of Deeth		
	Funeral			1 tos, tak ( Sex 7. Ag 1 1 M 2□ F	enter e (In yrs. lest b		nder 1 Year		(S Town	Ba	Itimo	ntrv)	te or Foreign
-			Usuel Residence of Decedent		01				1,00. 7,	1711	i, iou cy ic	OCT CO.	
	Marylan a-f ahow iffed at	ctor	10a. State 10b. County Maryland Baltimor	ie	owing	or Location  S Mill					1		es 21 No
	h with the 23a or 28	Funeral Director	10e. Street end Number 25 Olive Lane			10f	Zip Code 21117			10g. Citizen		ntry?	
020	s 1 and 2 should be filed within 72 hours after death with the Manyland of Health and Mental Hygiene. If the starked other than "natural", or items 23s or 28=4 show other traumatic event, the Medical Eventher must be notified at	by	11. Maritel Stetus  1 □ Never Merried 2 □ Merried  3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 [X] Yes 2 1 If Yes, Give Yeer or Detes:		If Yes.	ecedent of I specify Cub as 2 X No	an, Mexican, Pu	(Specify Yes or Nerto Rican, etc.)	E	lece - Americ Bleck, White, city: White	etc.	
5-0	72 ho	ted	15. Decedent's I (Specify only highest g	Education	166	Decedent's	t's Usuel Occupetion d of work done during most of working		orkina.	16b. Kind of	Business/in	dustry	
21215-0020	2 should be filed within 72 hours aft and Mental Hygiene. is marked other then "natural", or surmatic avent, the Medical Event	Completed	Elementery/Secondery (0-12) 12th grade	College (1-4or 5		torney	OT use retire	d)	TOTKING	Legal	Legal		
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Vla	Went Went	To	Archibald Sykes					Rhond	i Cohen				
Baltimore, Maryland	and 2 sho salth and 1 27 is me or traums		19e. Informent's Neme/Relationship  Jean Sykes-25 Ole	(Type, Print) (Wife	e) 25	b. Meiling Add	lress (Street Lane	-Owings	Rural Route Numi Mills, N	ber, City or Too Narylan	vn, State, Zip d 211		
	permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If item 27 is marked other than may injury or other traumatic avent, the MODGS.		20e. Method of Disposition  1  Buriel 2  Cremetion 3  4		20b. Plece of cemeter	of Disposition ary, cremetory	(Neme of or other ple	ce)	Dete	20c. Locatio	n - City or To	wn, Stete	
Balti	permit. Pege Department o important: If any injury or once.		21. Signeturary Funeral Service Lio Roma	ed s. wade,	gir.			-	id-655 W. Marylar				t
)	Physician /Medical Examiner		23m Part1. Enter the disease, or conshock, or heart feilure. List only Immediate Cause (Final disease or condition resulting in deeth)	y one ceuse on each lir	the deeth. Do	not enter the	mode of dyi	ng, such es card	lac or respiretory	errest,		Approxin	mete Between nd Deeth
Box 68760,	deeth certificate be executed e attending physician and of for use as the bunal-transit	n/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest	c	Due to (or es a	clero	of):						
	deeth ce attendi d for use	icia	Pert II. Other significant conditions	contributing to death by	ut not resulting	in the underlyi	ing cause gi	ven in Pert I	23h Did	I tobacco use	contribute to	o the cau	ne of death?
P.0	that the ed by th detache	by Physician/		ooning to doubt of	or flot rosollary		ing cause gr	VOIT WITT OIL 1.		Yes 252N		DASHI	Unknown
of Vital Records,	aw raqui is been s 2 should	Completed b							24e. Wa perl	s an autopsy formed?	ev-	ere autopo eileble pri empletion of death?	
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<u> </u>	iclan: Th certificate rector, pa	Be	25. Wes case referred to medical exeminer?					26. Place of D	eeth (Check only	one)			
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	After Fund		27. Menner of Death  1 Neturel 5 Pending 2 Accident Investigeti			Time of Injury M	28c. Inju Wo 1	ryet rk? ]Yes 2 □ No	28d. Describe	how Injury occ	urred		
Division	를 다 하는	Certification:	3 Suicide 6 Could not determine	28e. Place of thic building, etc		erm, street, fe	ctory, office			(Street and Nu own, Stete)	mber or Rura	al Route N	lumber,
_	in a hours in a hours Funeral ptetely filled	edicai	29e. Certifier (Check only one) 1 Certifying P	hysician: To the best of miner: On the basis of end manner ste	examinetion er	e, deeth occur nd/or Investiga	rred et the ti	me, dete end ple opinion, deeth oc	ce, and due to the curred et the time	cause(s) and , dete end plea	manner as s e, and due to	tated. o the caus	ie(s)
1	# P 6	2	29b. Signature end title of certifier				29c. Licens			29d. Dete sig			
1			30. Neme and address of person who	completed cause of de	eath (Item 23a)	(Type, Print)	73	1296	'Tal C	Febru	uny 22	2, 19	196
			Rhond Rich	46000	122.03	7	- >	1+0.0	100	0. 10-			
	Sta Registi		31. Dete filed (Month, Day, Year) FEB 2 9 199	32. Registra	ir's Signature	lett	Kof	1100%	1 mg	- 1.1.1.A			

to be fight assessming regard the Bearing Wheel Should be the

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middia, Last) 2. Data of Death 3. Time of Death Month Day Yaar **Physician** TRVING SCHWART 2 FEBRUARY 19 1996 1530 PM /Medical 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner RANDALLSTOWN BALTIMORE NORTHWEST HOSPITAL CENTER If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) **Funeral**  Birthpleca (Stata or Foreign Country) Deys Months M 2□ F Hours 86 Vrs Director 216-32-6767A JUNE 9,1909 MARYLAND Usual Rasidanca of Dacedant the Meryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r 28a-f show Director 1 ☐ Yes 2 X No MARYLAND BALTIMORE BALTIMORE 10e Street and Number 10f Zip Code 10g. Citizan of What Country? rie 23a or 2 with pemil. Peges 1 and 2 should be filed within 72 hours effer death v Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 29a with injury or other traumatic event, the Medical Experience. 725 MT. WILSON LANE APT. 503 21208 USA Funeral 12. Wes Dacedant Evar In U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) Race - Amarican Indien, Bleck, White, etc. 11. Marital Status 1 Never Merried 2 Marriad 1 ☐ Yas 2X No If Yas, Give Maryland 21215-0020 1 ☐ Yas 2 ☐ No π Yas, Give Yeer or Datas: Specify: þ 3℃ Widowed 4 Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant'a Education (Specify only highast grada complated) 16b. Kind of Businass/Industry MACHINIST Elamantary/Secondery (0-12) Collaga (1-4or 5+) 12 OWNER-OPERATOR D. SCHWARTZ & SONS 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maldan Sumame) DAVID SCHWARTZ MOLLIE 2 UNKNOWN 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MRS. EILEEN SHAIVITZ (DAUGHTER) 3402 BIRCH HOLLOW ROAD BALTIMORE, MD 21208 altimore, 20b. Place of Disposition (Nama of 20a. Method of Disposition 20c. Location - City or Town, Stata ANSHE NEISEN — 1 Burial 2 Cramation 3 Ramovel from Stata
4 Donation 5 Other (Spacify) 2-27-1996 ROSEDALE, MD 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 and. Euler the disease, complications het causad tha deeth. Do not antar the mode of dying, such as cardiac or raspiretory shock, or heert failure. Idst only one page on aech lina. Approximata Interval Between Onsat and Death vimate **Physician** Immediata Causa (Final diseesa or condition rasulting in daath) /Medical INTRACRANIAL HEMIORRAGE 1 DA Examiner Due to (or es a consequence of): Examiner physician and the burial-transit Sequentially list conditions, if any, laading to immadiate ceuse. Enter Underlying Ceusa (Diaaasa or Injury that initieted events resulting in daath) Last Dua to (or as e consequence of): Box 68760. that the death certificate be Physician/Medical Dua to (or es a consequance of) for use as signed by the at d be detached for Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Whknown CANCER COLON Records, by law requires 24b. Wara autopsy findings aveilable prior to completion of cause of death? Completed 24a. Was an autopsy periormed? peed CANCER Renal ATHEROSCLERCTIC CARDIOVASCULAR DISEASE 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital 25. Wes cesa referred to medicel axaminer?
1 ☐ Yas 2 ☐ No Be 26. Place of Deeth (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 28a. Deta of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Certification: 28c. Injury at Work? 28d. Dascribe how Injury occurred Division 1 Natural 5 Pending investigation epital or Attendin hours efter death... neral Director: Aft y filled in by the fur 1 ☐ Yes 2 ☐ No 2 Accidant 3 ☐ Suicida 6 Could not be datarmined 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida Mospital of 24 hours of Funeral D 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifia: To the Hosp within 24 hor To the Fune completely fi Medical 29b. Signatura end titla of certifiar 29c. License number 29d. Dete signed (Month, Day, Year) K.S.RAO.MI.O 0 43462 FEBRUARY 19, 1996 30. Name and addrass of person who complated ceusa of death (Itam 23a) (Type, Print) RANDALLSTOWN NORTHWEST HOSPITAL CENTER K.S.RAO.MI.D

State Registrar 31. Data filed (Mooth, Day Year) FEB 291996 Juna Daudson Handele



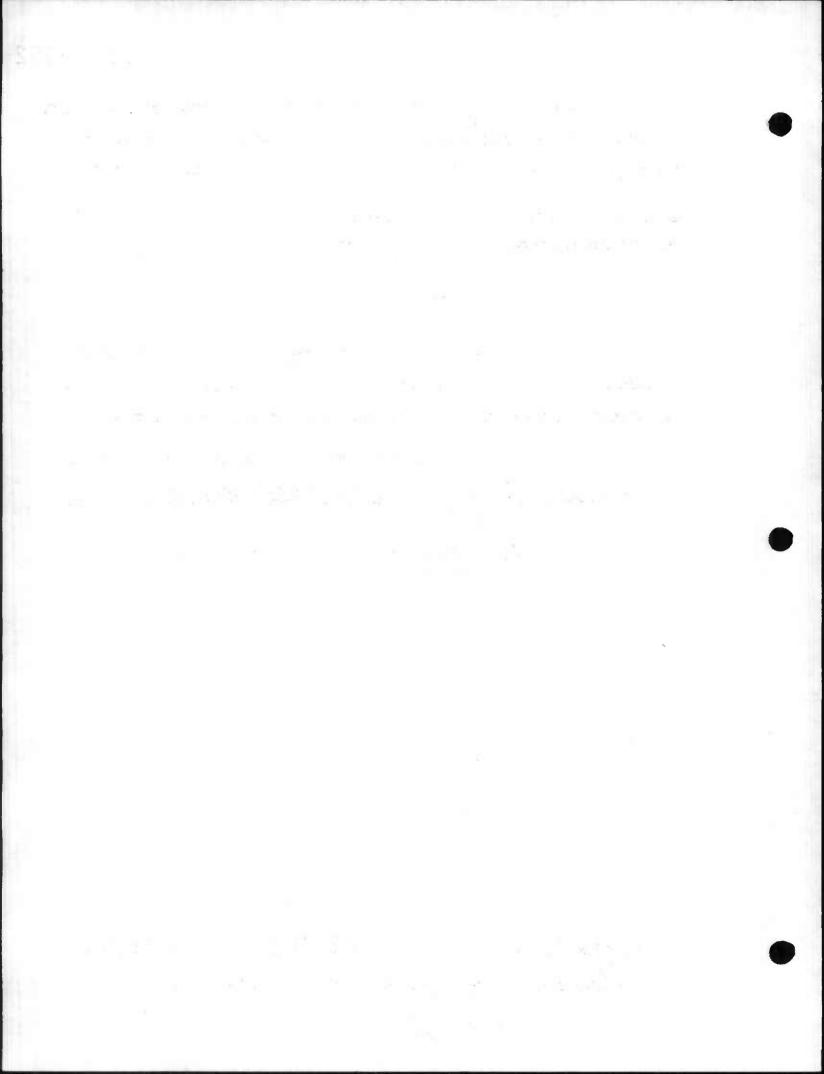
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State of Maryland /	Department of	Health and Mental	Hygiene

Certificate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Data of Deeth 3. Time of Death **Physician** Month Vee IRVIN SILVERMAN FEBRUARY 25,1996 10:50pm /Medical 4a. Facility Name (If not institution, give straat and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner BETHESDA MANOR CARE NURSING HOME BETHESDA MONTGOMERY 5. Social Security Number if Under 1 Year | if Under 24 Hrs. 8. Data of Birth Month, Day, Year MAR 8, 1914 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** 1□**x**M 2□ F Deys 81 MARYLAND Yrs. 220-03-6397 **Director** Usuel Rasidance of Dacadant Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Heelth and Mentel Hygiene. Int: If item 27 is marked other than "natural", or items 23a or 28a-f show 10e Steta 10b. County 10c. City, Town or Location 10d. insida City Limits r than "natural", or itams 23a or 28a-f shov the Medical Examinar must be notified at 1 X Yas 2 No Director MARYLAND N/A BALTIMORE Street and Number 10f. Zip Coda 21209 10g. Citizan of What Country? 2102 WESTERN RUN DRIVE USA Funeral 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Maxicen, Puerto Rican, atc.) 14. Rece - Amaricen Indian. Black, White, etc. 1 Nevar Married 2 Married altimore, Maryland 21215-0020 WWII 1 ☐ Yas 2 X No Specify: Specify WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decadant's Usuai Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Eiamentary/Secondary (0-12) Coilega (1-4or 5+) 5+ PHARMACIST DRUG STORE 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be SAMUEL SILVERMAN **FANNIE** COHEN 19a. informent's Name/Raiationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) MRS. MOLLIE SILVERMAN (WIFE) 2102 WESTERN RUN DRIVE BALTIMORE, MD 21209 other 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition permit. Pages Depertment of Important: If its any injury or o 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovai from State 4 ☐ Donation 5 ☐ Othar (Specify) WORKMEN CIRCLE -BALTIMORE, MD 2-27-1996 21. Signetura of Funarai Sarvice Licensea 22. Nama and Addrass of Fecility SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN ROAD BALTIMORE, MD 21215

23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximation Approximata intarvai Batween Onset and Death Physician METATIATIC PROSTATE CANCER /Medicai immediata Ceusa (Final disaasa or condition rasulting in daath) **Examiner** Examiner physician and the buriel-transit Sequantially list conditions, if eny, laading to immediata ceusa. Entar Undarfying Causa (Disaase or injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequance of) USB as 1 been signed by the s should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Wes en autopsy performed? Completed certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No ding Physician: director, Be 25. Was cesa rafarred to medical 26. Pleca of Daath (Chack only one) axaminar? 1 ☐ Yas 2 No Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) P 1 ☐ inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred Certification: 28c. Injury et Work? 1 (Xiatural 5 Pending 1 Yas 2 No Invastigation 2 Accidant ofter daily Director: 6 Could not be determined 3 ☐ Suicida 28e. Plece of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 6 To the Hospital within 24 hours of To the Funeral Completely filled 29a. Certifian 1 [XCertifying Phyaician: To tha bast of my knowladge, deeth occurred at tha tima, data and piece, and dua to tha causa(s) and manner as steted. Medical (Check only one) 2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to the cause(s) and manner stated. 29b. Signature end titla of certifier 29c. Licensa number 29d. Data signed (Month, Dey, Year) 30. Name and eddrass f person who complated ceuse of deeth (Itam 23a) (Type, Print) MARGARITA NAZDIN 1140 VARNUM ST., N.E. WASHINGTON, D.C. 20017 31. Data filed (Month, Day, Year) 32. Registrar's Signature State Sandson-Rundalle Registrar



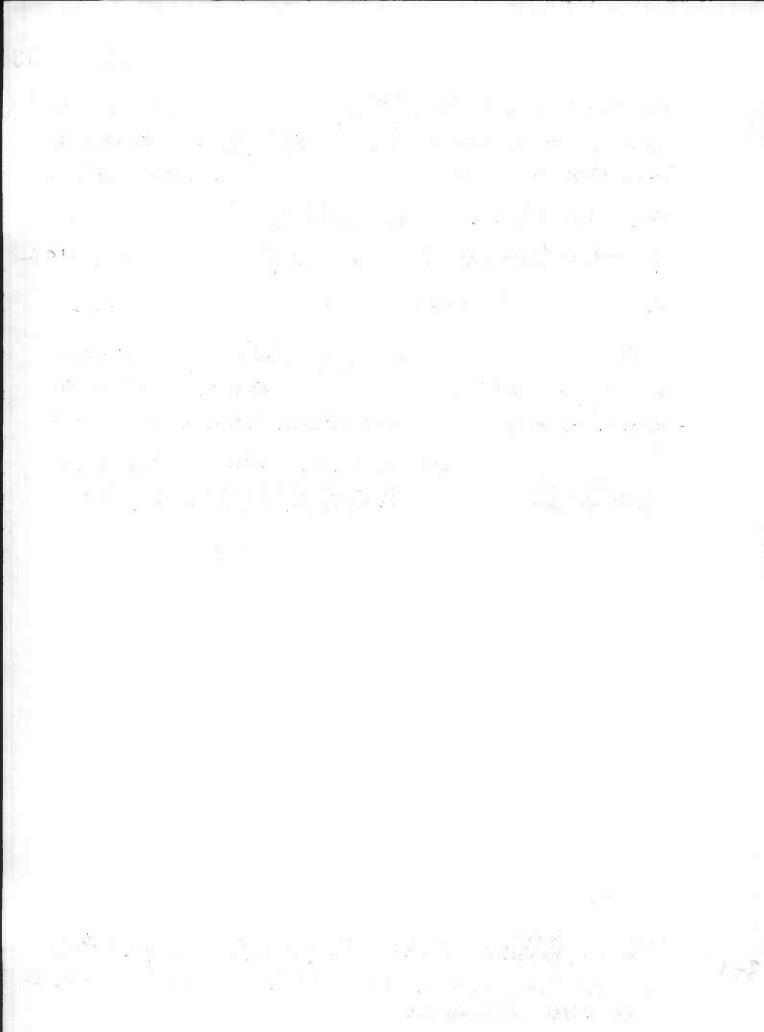
# Jtems1,9b,9c,10c,15,16a,17,18,10g,14 2-29-96 FilmG732 W.H.Per f/H Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 05653 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Henry Edward Smith Jr. **Physician** Month Dey /Medical 4e. Fecility Neme (If noninstitution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of De **Examiner** Saltimore City Balline sea 8. Dete of Birth (Month, Day, Year) Aug. 30, 1932 If Under 24 Hrs. If Under 1 Year Months Deys 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Sociel Security Number **Funeral** Hours Min. 10 M 20 F 300/0 0 Yrs Director Usuel Residence of Decedent permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiena. Important: If item 27 is marked other than "natural", or items 23a or 28s-4 should hipry or other traumatic event, the Medical Expenses on 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic event, the Medical Expenses of 28s-4 should hipry or other traumatic events and the 28s-4 should hipry or other traumatic events are also at the 28s-4 should hipry or other traumatic events and the 28s-4 should hipry or other traumatic events and the 28s-4 should hipry or other traumatic events are also at the 28s-4 should hipry or other traumatic events and the 28s-4 should hipry or other traumatic events are also at the 28s-4 should hipry or other traumatic events are also at the 28s-4 should hipry or other traumatic events are also at the 28s-4 should hipry or other traumatic events are also at the 28s-4 should hipry or other traumatic events are also at the 28s-4 should hipry or other traumatic events are also at the 28s-4 should hipry or other traumatic events are also at the 28s-4 should hipry or other traumatic events are also a 10c. City, Town or Location Baltimore City 10d. Inside City Limits TIME 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Na Funeral THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS O 12. Wes Decedent Ever in U,S. Armed Forces? 1(3 Ays. 2 □ No If Yes, Give Yeer or Detes: 1 9 51 – 59 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Mentel Status 14. Race American Indien Bleck, White, etc. 1 Never Merried 2 Merried White 1□ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done --life. DO NOT use retireu, 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Sales indery (0-12) College (1-4or 5+) Elementary/Sec Publication 9th 17. Fether's Neme 18. Mother's Nema Be Henry Edward ISmith Sr. Anna P 101Ca 19e. Informent's Neme Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Joanne L. Baltimore, Karczewski 1426 Dundalk Ave. Maryland 21222 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 Donetion 5 Other (Specify) Holly Hill Mem. Pk. 2/29/1996 Middle River, MD 22. Name end Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, euch as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Immediete Ceuse (Finel disease or condition resulting in deeth) /Medical **Examiner** Physician/Medical Examiner attanding physician and for use as the burial-transit The law requires that the death certificate be axecuted Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Lest Division of Vital Records, P.O. Box 68760 Due to (or es e consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown δ been signal 24b. Wera autopsy findings evaileble prior to completion of cause of deeth? Completed 24e. Wes an autopsy performed? certificata has b lirector, paga 2 s 2 X10 1 ☐ Yes 2 ☐ No Mospital or Attending Physicien:
 24 hours aftar death.
 Funeral Director: After this certificalety filled in by the funeral director, 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 1 Yes 2 □ NO P 1 Inpatient 2/Z/ER/Outpatient 3 DOA 5 ☐ Residence 6 ☐ Other (Specify) Dete of Injury (Month, Dey Year) Menner of Deeth Certification: 28d. Describe how injury occurred Neturel 5 Pending investigetion 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

| Madical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete and pleca, and due to the cause(s) end menner steted. 29a. Certifier edicai completaly (Check only one) To the I 29b. Signeture end title of certif 29d. Date signed (Month, Day, Year) 29c. License number 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) 9600 A. Pt Fel HEO. M 2 9 1996

State Registrar

FEB29



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, hours after death with the State Dept, of Health and Mental Myslene prior to burlal, cremation, or removal.	
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96 05654 ITEM: 23 PART I, PER DR. FILM G-732 2/29/96 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH DAY 3. TIME OF DEATH WILLIAM 996 JANUARY 20:50 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) June 15, 1916 IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 220-01-3341 1 X M 2 | F 80 DAYS HOURS Mary land YRS 9a. FACILITY NAME (If not inatitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH University Of Maryland Hospital DIRECTOR Baltimore N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ellicott City Maryland Howard County 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3613 Chatham Road 21042 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: White BY Wildowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
ilfe. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Office Worker Federal Gov't. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles John Seebach Christina Winterling BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Mark Wah 3613 Chatham Road, Ellicott City, Maryland 21042 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must Resurrection Cenetery 1-12-96 ☐ Donation 5 ☐ Other (Specify) \_ Clinton, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Slack Funeral Home, P.A examiner M00535 Ellicott City, Maryland medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on eech line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death The state of disease or condition RESPIRATORY METASTATIC CANCER resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED Natural

Accident 5 Pending M 1 YES 2 NO BY Investigation 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 8 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated. COMPL TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurad at the time, data and piece, and due to the cause(s) and mennar as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ruch

PESSAH 29 S. GREENEST, BALTMORE 1-TRYEH UMMS-ER

Jalin Druston Rardall 31. DATE FILED (Month, Day, Year) FEB 2 9 1996

State of Maryland / Department of Health and Mental Hygiene

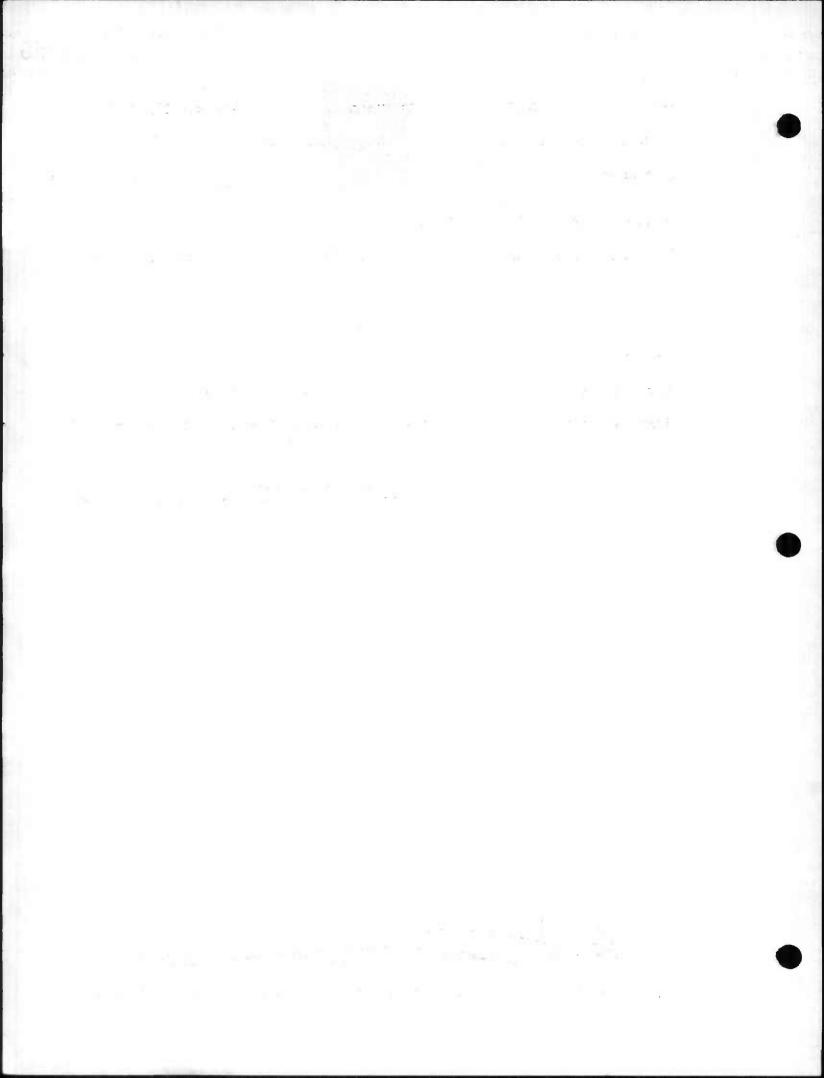
Certificate of Death 1. Decedent's Neme (First, Middle, Last) Date of Deeth 3. Time of Death Day **Physician** HOWALTE Vesi ames 199 /Medical Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deat Examiner Northwest Hospital Center Baltimore Randallstown If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number Birthplece (Stete or Foreign Country)
 PA 7. Age (In yrs. lest birthday) **Funeral** 183 M 2□ F Yrs. Director 78 162-16-7993 Usual Residence of Decedent the Maryland 10a Stete 10b County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s4 show traumatic event, the Medical Examinar must be notified at Maryland Baltimore Woodlawn 1 ☐ Yes 2X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 72 hours after deeth with 2113 Fourth 21244 Ave. United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Merital Status 1 ⊠ Yes 2 □ No tt Yes, Give Year or Dates: WW II 1 ☐ Never Married 2 ☑ Married Maryland 21215-0020 1 ☐ Yes 2 🔀 No by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Baltimore County Board Elementary/Secondary (0-12) College (1-4or 5+) Hygiene. 8th grade Maintenance Chief of Education 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be permit. Pages 1 end 2 should be 1 Department of Health end Mental I Important: If item 27 Is marked of any Injury or other traumatic eve Clarence Showalter [ ] Lenora Folk 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Anna Showalter 2113 Fourth Ave. Baltimore, MD Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 Burlel 2 □ Cremetion 3 □ Removal from Stete 5 ☐ Other (Specify) 4 Donation Mt. Olive Church Cemetery 2/29/96 Randallstown, MD 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23 Part1 Enter the disease, or complications that caused the don't short, or heart tailure. List only one cause on each line. Approximete triterval Between Onset and Death Do not enter the mode of dying, such as cardlac or respiratory errest, **Physician** Cardiovasce /Medical iete Cause (Final ase or condition sulting in death) Examiner Due to (or as a consequence of) Examiner seare Attending Physician: The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of) physician and Division of Vital Records, P.O. Box 68760 Physician/Medical es e consequence of) ettending p signed by the e Part II. Other significant conditions contributing to death but not resulting in the ynderlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? Probably 4 Unknown 1 ☐ Yee 2 ☐ No þ 24b. Were autopsy tindings evelleble prior to completion of cause of death? Completed 24a. Was en eutopsy peen : s certificate has b 1 ☐ Yes 2 ☐ No director, 25. Was case reterred to medical examiner? Be 28. Place of Death (Check only one) No No 1 Yes Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Inpatient €R/Outpatient 3□ DOA this 28a. Date of Injury (Month, Dey Year) 27. Manner of Death
1/2/ Naturel
2/2/ Accident 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After 5 Pending Investigation after death. Director: After d to by the fun 1 ☐ Yes 2 ☐ No 3 ☐ Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of tnjury - At home, farm, street, tectory, office building, etc. (Specify) 4 Homicide n 24 hous. The Funeral Dis-8 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29a. Certifier To the Hosp within 24 hor To the Fune completely fi edical (Check only one) 29b. Signeture and title of certifie 29d Date signed (Month, Day, Year) completed cause of death (Item 23a) (Type, Print) 30. Name and address of person -31. Date filed (Month, Day, Year) FEB 2 9 1996 Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Least State of Maryland / Department of Health and Mental Hygiene	gible.
State of Maryland / Department of Health and Mental Hygiene	96

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-	-	-	-	_

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	Physic /Medi		Decedent's Neme (First, Middle, BETTY	JEAN		1	PHOM1	IPSON			1.1	2. Date of D Month Febru	eeth Day 27,	1 <sup>Yaar</sup> 1996	3. Time	of Death 30 41
7	Exami		4a. Facility Neme (If not institution, 237 E. Lafayett								wn, or Lo	ocation of Dea	th 4c. Count	ty of Death	0	
	Funeral Director		5. Social Security Number 240-70-4363 Usual Residanca of Dacadent	6. Sex 1 □ M 2 🛣 F	7. Age (In yi	rs. last birtho	N	If Under 1 Y Months De	eer eys	If Under Hours	24 Hrs. Min.	8. Date of B	10 , 1942		lace (Stantry) Carol	te or Foreign ina
	d within 72 hours after death with the Maryland liene. I than "natural", or items 23s or 28s-f show the Modes! Examiner must be notified at	Director	10a. State 10b. County  Maryland N/  10e. Street end Number  237 E. Lafayett			City, Town o		10f. Zip Coo					10g. Citizen of	Whet Cour	1 <b>X</b> I Y	e City Limits
020		by Funeral	11. Maritel Status  1 Never Merried 2 Marrie 3 XWidowed 4 Divorced	12. Wes Dec	cedent Ever in orces? 2 \( \sum \) No ive Dates:	U,S.		212 s Decedent es, specify (	dent of Hispenic Origin? (Specify Yes or No- cify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Americ Bleck, White,				etc.	1,		
5-0	"natural",	eted	15. Decedent's (Specify only highest	s Education grade completed	)	16a. D	eceder Give kir	it's Usual Od	cupat	llon J <i>ring</i> mos	t of work	ina	16b. Kind of E	3usiness/Inc	dustry	
d 21215-0020	filed within Hygiene. Ither than "I ent, the Mac	Completed	Elementary/Secondary (0-12) Unknown	Collaga	(1-4or 5+)			abled		1 a b c	orer	•		ploy	e d	
Maryland	D la b	To Be	17. Father's Name (First, Middle, L James Stancel	ast)								Stance	e, Ma <i>iden S</i> uma 1	me)		
Baitlmore, Mary	nd 2 should lith and Mer 17 ie marke r traumatic	19a. Informant's Name/Ralationship ( <i>Type, Print</i> ) 19b. Mailing Address ( <i>Street and Number or</i> 1973 N. Collington A							Rural Route Number, City or Town, State, Zip Code)  AVENUE, Baltimore, MD 21213				3			
	permit. Pages 1 and 2 is Department of Haalth ar Important: if item 27 is any injury or other trau once.		20a. Method of Disposition  VDBurial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Othar (Special Control		State	. Place of D	ispositi cremai		placa	)		Date	20c. Location 3 – 2 – [	- City or To	wn, State	)
Balt	pemit. Departra Importa any inju		21 Signature of Funeral Service L	Emu-	120	ves		lame and Ad Ch Fu				e, Bal	timore,	MD 21	202	
lo.	Physician /Medical Examiner		23a. Part1. Enter the disease, or of shock, or heart tailure. List of the shock of	V	ABETU		LLI'	the mode of	dylng	, such es	cardiac				Approxir Interval	mete Between nd Death
30x 68760,	eath certificate be axecuted attending physician and for use as the burial-transit	an/Medical Examiner	Sequentially list conditions, if any, laading to immediate causa. Entar Underlying Cause (Disease or injury that initiated evants resulting in death) Last		perte	(or as a cor	nseque	nce of):	rt	ery	Dis	sease				
P.O. B	the d	Physician	Pert II. Other significant condition	s contributing to d	leath but not r	esulting in th	he unde	erlying cause	give	n in Part I	l.		l tobacco use c Yes 2□ No			ae of death?
Records,	aw requires is been sign 2 should be	Completed by											s an autopsy formed?	ev.	ere autop eilable pri mpletion death?	sy findings for to of cause
Eg.	E ag	e Cor	OS Mas and referred to medical										Yes 2 No	*	Yes :	2□ No
Division of VII	ng Phys tar this neral di	ertification: To Be	25. Was case raferrad to medical examiner?  X1  Yes	28a. Data (Mor	of Injury oth, Day Year) 29–96		ne of iry	М	Other	r: 4□ Nu	ursing Ho	- X	one) sidenca 8 🗆 Ot how injury occu		v)	
Divi	させばら	O	4 ☐ Homicida datermin	28a. Plac build	a of Injury - At ing, etc. (Spe							City or To	(Street and Num own, State)			vum <i>ber</i> ,
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai	29a. Certifiar (Check only 2   Medical Ex	Physician: To the xaminer: On tha b and mar	best of my ke easis of examination by the state of the st	nowledge, d nation and/o	leath od or inves	ccurrad at th	e tima ny opi	i, data an nion, dea	d place, ath occurr	and due to the ed at the time	cause(s) and n , date and placa	annar as s , and due to	tated. tha caus	sa(s)
	With	M	29b. Signature and title Apertifier	1			_	29c. Lic					29d. Dete sign		Dey, Yea	r)
	1	İ	30. Nama and address of person w	ho complated cau	se ot daath (It	am 23a) (Ty	/pe, Pri		113	631			3-29-	90		
	Sta Registr		Alphonso Y 3	32.1	tagistrans Sig	nature	) E	. 25t	h	Str	eet	Balti	more.	Md.	2123	18
DHI	MH 16 Rev 6/9		FEB 2 9 1996	pali de	sorbant.	all,										



pital or attending physician. BALTIMORE, MARYLAND 21215-0020

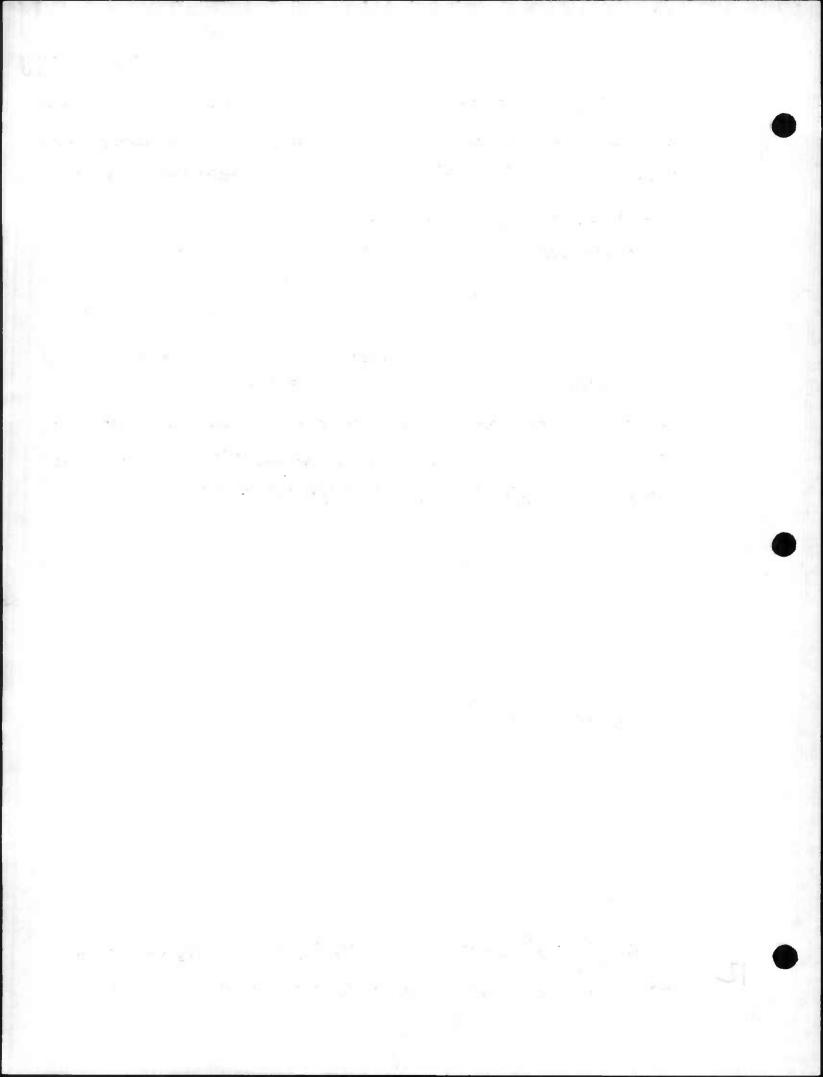
DIVISION OF VITAL RECORDS, P.O. BOX 68760 HE HOSPITAL OR AUTENDING PHYS

VISICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the hospital or attending physician.	a children has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	ment are copy, or regard any mental systems prior to borner, contractor, or temporal be notified at once.
PHYSICIAN: The law requires that the deal	the certificate has been signed by the att	arked, or item 23 shows any injury,
TO THE HOSPITAL OR ATTENDING	THE BLANERAL DIRECTOR: After	IMPORTANT: If Item 28 Is ma

100. STREET AND NABBER  100. Ridge Road  11. MARTIAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 12 VES 2 INO In yes, specify. Cuben, Martican, Puerto Rican, st.C.) In yes, specify. Cuben, Martican, Puerto Rican, puerto Rican, puerto Rican, puerto Rican, puerto Rican, puerto	06 PM to or Foreign .Olina ECITY S? 2 ENO TRY?
TATHER'S NAME (Type Model Law)  12. WAS DECEDENT'S USE 2   P 81 VIIIS.  15. ENCRITY TOWN OR LOCATION OF DEATH  15. ENCRITY TOWN OR LOCATION OF DEATH  15. ENCRITY TOWN OR LOCATION OF DEATH  15. ENCRITY TOWN OR LOCATION OF DEATH  15. ENCRITY TOWN OR LOCATION OF DEATH  15. ENCRITY TOWN OR LOCATION OF DEATH  15. ENCRITY TOWN OR LOCATION OF DEATH  15. ENCRITY TOWN OR LOCATION OF DEATH  15. ENCRITY TOWN OR LOCATION OF DEATH  15. ENCRITY TOWN OR LOCATION OR DEATH  15. ENCRITY TOWN OR LOCATION OR DEATH  15. ENCRITY TOWN OR LOCATION OR DEATH  15. ENCRITY TOWN OR LOCATION OR DEATH  15. ENCRITY TOWN OR LOCATION OR DEATH  15. ENCRITY TOWN OR LOCATION OR DEATH  15. ENCRITY TOWN OR LOCATION OR DEATH  16. ENCRITY TOWN OR LOCATION OR DEATH  17. ENCRITY TOWN OR LOCATION OR DEATH  16. ENCRITY TOWN OR LOCATION OR DEATH  17. ENCRITY TOWN OR LOCATION OR DEATH  18. ENCRITY TOWN OR LOCA	ecity S? 2 No TRY?
Medbridge of Baltimore  Residence of Decedent  106. STREET AND NUMBER  6600 Ridge Road  11. MARITAL STATUS  11. MARITAL STATUS  13. WAS DECEDENT EVER IN U.S. ARMED PONCEST 1 KL VES 2 NO 1 Yes, expectly Outs, Marken, Puerto Ricen, etc.)  14. PART AL STATUS  15. DECEDENT'S EDUCATION  16. DECEDENT'S EDUCATION  17. FATHER'S NAME (First, Middle, Last)  William Glen  18. MAILING ADDRESS (Street and Number or Rural Pouns Number, City or Burn, Stree, Ze Order)  19. MARITAL STATUS  10. Street And Marited  11. WAS DECEDENT'S USUAL OCCUPATION  11. WAS DECEDENT'S BUILLAND  11. WAS DECEDENT'S USUAL OCCUPATION  12. WAS DECEDENT'S USUAL OCCUPATION  13. MARITAL STATUS  14. PARC — America  15. MARITAL STATUS  15. MARITAL STATUS  16. Never Marited 2 Married  17. MARITAL STATUS  16. Never Married  17. MARITAL STATUS  17. MARITAL STATUS  18. DECEDENT'S EDUCATION  18. DECEDENT'S BUILLAND  18. DECEDENT'S USUAL OCCUPATION  19. Red Decedent's Usual December of working most of working.  10. Marital Status  William Glen  18. MAILING ADDRESS (Street and Number or Rural Pouns Number, City or Burn, Street, Zeo Cool)  ROUTE 1 - Burnet Burnet Removal trom State  18. MAILING ADDRESS (Street and Number or Rural Pouns Number, City or Burn, Street, Zeo Cool)  ROUTE 1 - Burnet Burnet Removal trom State  18. DECEDENTING  19. Burnet 2 Complete Removal trom State  19. DECEDENTING  19. Burnet 2 Complete Removal trom State  19. DECEDENTING  19. Burnet 2 Complete Removal trom State  19. DECEDENTING  19. Burnet 2 Complete Removal trom State  19. DECEDENTING  19. Burnet 2 Complete Removal trom State  19. DECEDENTING  19. Burnet 2 Complete Removal trom State  19. DECEDENTING  19. Burnet 2 Complete Removal trom State  19. DECEDENTING  19. Burnet Removal Removal trom State  19. DECEDENTING  19. Burnet Removal Removal Removal trom State  19. DECEDENTING  19. Burnet Removal Removal Removal Removal trom State  19. DECEDENTING  19. Burnet Removal Removal Removal Removal Removal Removal Removal Removal Removal Removal Removal Removal Removal Removal Removal Remo	S? 2 🛴 NO TRY? en Indien,
10. STREET AND NUMBER 6600 Ridge Road  11. MANTAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 X YES 2 2 NO Hyes, specify Cuber, Meastern, Puerto Ricen, stc.)  13. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-Hyes, 1944 CO 1945  14. RACE - America New Marked 2 No Proceed PORCES? 1 X YES 2 NO Hyes, specify Cuber, Meastern, Puerto Ricen, stc.)  15. NOS DECEDENT'S BULCATION (Specify Only In the Specify Cuber, Meastern, Puerto Ricen, stc.)  16. DECEDENT'S USUAL OCCUPATION (Specify Only In the Specify Cuber, Meastern, Puerto Ricen, stc.)  17. FATHER'S NAME (First, Micros, Last)  18. DECEDENT'S USUAL OCCUPATION (Specify Only In the Specify Cuber, Meastern, Puerto Ricen, stc.)  18. DECEDENT'S USUAL OCCUPATION (Specify Only In the Specify Cuber, Meastern, Puerto Ricen, stc.)  18. DECEDENT'S USUAL OCCUPATION (Specify Only In the Specify Cuber, Meastern, Puerto Ricen, stc.)  19. DECEDENT'S USUAL OCCUPATION (Specify Only In the Specify Cuber, Meastern, Puerto Ricen, stc.)  19. DECEDENT'S USUAL OCCUPATION (Specify Only In the Specify Cuber, Meastern, Puerto Ricen, stc.)  19. DECEDENT'S USUAL OCCUPATION (Specify No. Specify: Cuber Ricen)  10. Wildowed 4 Directory or Occupation of No. Kind of No. Kind of Work Government of Working and the Work Government of Working and the Work Government of Working and the Work Government of Working and the Work Government of Working and Specify Cuber Ricen)  10. NOT use referred.  11. MOTHER'S NAME (First, Micros, Last)  12. MOTHER'S NAME (First, Micros, Last)  13. MOTHER'S NAME (First, Micros, Last)  14. MOTHER'S NAME (First, Micros, Last)  15. MOTHER'S NAME (First, Micros, Last)  16. KIND OF Business' Inhouse and Number or Paral Route Number, City or Route, Specify:  18. MOTHER'S NAME (First, Micros, Last)  19. DECEDENT NAME (First, Micros, Last)  19. MOTHER'S NAME (First, Micros, Last)  19. MOTHER'S NAME (First, Micros, Last)  19. MOTHER'S NAME (First, Micros, Last)  19. MOTHER'S NAME (First, Micros, Last)  19. MOTHER'S NAME (First, Micros, Last)  19. MOTHER'S NAME (Firs	S? 2 🛴 NO TRY? en Indien,
Specify   Spec	en Indian,
Specify:   Specify:	
William Glen  19a. INFORMANT'S NAME (Type-Print) (daughter)  19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code)  Route 1-Box 191-26-Inwood, West Virginia 25-  20a. METNOD OF DISPOSITION   Removal from State   20b. PLACE AND DATE of DISPOSITION (Name of a Removal from State   Remova	
William Glen  19a. INFORMANT'S NAME (Type-Print) (daughter)  19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code)  Route 1-Box 191-26-Inwood, West Virginia 25-  20a. METNOD OF DISPOSITION   Removal from State   20b. PLACE AND DATE of DISPOSITION (Name of a Removal from State   Remova	
Margaret Grega   Route 1-Box 191-26-Inwood, West Virginia 254	
Burlet 2   Cremation 3   Removel from State   Commetery, crematory or other place	128
2.2 - 6 Rm. 8026-Baltimore, Maryland 21201-1.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heert feiture. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	
Amalable  Interest and the second fedium. List only one ceuse on each line.  Interest and the second fedium. List only one ceuse on each line.  Interest and the second fedium. Interest and the second fedium. Interest and the second fedium.  Interest and the second fedium. Interest and	Street 59
PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMALABLE	roximate rval Between et and Death
PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?  AMAILABLE	
	PRIOR TO ON OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  28. PLACE OF DEATN (Check only one)  28. PLACE OF DEATN (Check only one)  OT HER: 1   OTHER: 1   Nursing Nome 5   Residence 8   Other (Specify)  27. MANNER OF DEATN  (Month, Day, Year)  (Month, Day, Year)  28. DESCRIBE NOW INJURY OCCURED INJURY  WORK?	
2 Accident Investigation M 1 YES 2 NO	
3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number of Rural Route Number or	
29a. CERTIFIER (Check only one)  29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	V.
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  019793  29d. DATE SIGNED (Month, De	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  HUWARD HBIRD 9618 Below ld Bultimure Md.	or an stated.
31. DATE FILED (Month, Day, Year)  32. BEGISTRAR'S SIGNATURE  Julia Discussion Control of the Co	or an stated.

State of Maryland / Department of Health and Mental Hygiene

05658 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Daath **Physician** February 26, 1996 Yeer HELEN WESSEL THOMPSON 6:00 m /Medical 4e. Fecility Neme (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Montgomery General Hospital Olney Montgomery County If Undar 24 Hrs. Hours Min. If Under 1 Yaar 8. Date of Birth (Month, Dey, Year) June 28, 1928 5. Social Sacurity Number 7. Aga (In yrs. last birthdey) Birthpieca (Stata or Foreign Country) **Funeral** 1 M 2 TF 67 Yrs Director 215-28-5972 Maryland Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f show traumatic event, the Maolcal Examiner must be notified at 1 ☐ Yes 2 € No Director Maryland Howard County Clarksville 10e. Streat and Number 10f. Zip Code 10g. Citizen of Whet Country? with 7429 Oakcrest Lane 21029 USA permit. Pages 1 and 2 should be filed within 72 hours after death Department of Health and Mental Hygiana. Important: If item 27 is marked other than "natural", or itams 23. 12. Was Decadant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - American Indien, Bieck, Whita, atc. 1 Never Married 20 Married 1 ☐ Yes 2 XNo If Yas, Giva altimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: white þ 3 Widowed 4 Divorced Yeer or Dates: Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elemantery/Secondary (0-12) Coilege (1-4or 5+) 12 homemaker own home 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meldan Surneme) Norman Frederick Wessel Ruth Stup 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Norman C. Thompson/spouse 7429 Oakcrest Lane, Clarksville, Maryland 21029 other 20b. Piece of Disposition (Name of camatery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata Data tXXBuriai 2 ☐ Cremetion 3 ☐ Ramoval from Stata 3/1/96 injury or St. Paul's Lutheran Cem. 4 ☐ Donation 5 ☐ Other (Specify) Fulton, Maryland 21. Signeture of Funeral Sarvice Licensee 22. Neme end Address of Facility SUCE any Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043 At Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, lock, or heart failure. List only one cause on each line. Approximeta Intervel Between Onset and Deeth **Physician** Immediete Cause (Finel disease or condition resulting in deeth) /Medical 14 DAYS Examiner Examiner P MENMONTA the death certificate be axecuted physician and s the burial-trans Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Box 68760 Physician/Medical Due to (or as a consequence of): 950 for Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. the detached 23b. Did tobacco use contribute to the cause of death? of Vital Records, P.O. signed by to d be detach 1 Yes 2 No 3 Probably 4 Unknown HypoNATTERMA p 24b. Wera autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed Deed MANUMITION certificate has 1 Tyes 2 No 1 ☐ Yes 2 ANO funeral director, 25. Wes cese referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yes 2€ No 1 1 Impatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Death Certification: 28b. Time of 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 5 Pending investigation Division 1 W Neturel death. 1 Yes 2 No or Attendiate death 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide in 24 hou.
The Funeral D Hospital 24 hours a 29a. Certifier 🕊 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner as steted. Medical To the Hosp within 24 hor To the Fune complately fi (Check only one) 2 Medical Examiner: On the besis of examinetion end/or invastigation, in my opinion, deeth occurred et the time, data and place, end due to the ceuse(s) end mennar stated. 29b. Signeture end title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 30. Name and address of beglop who completed ceuse of death (Item 23e) (Type, Print) TEN ONYRY CHANCHUE UM 4847 JAZIGOV, un 55340 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State FEB 2 9 1996 Registrar



the burial-transit permit. Pages 1, 2, 3 should	
rector, page 5 should be detached for use as the burial-tra	must be notified at once.
has been signed by the attending physician and completely filled in by the funeral director, page 5 Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be
s certificate has been signed by the attending physician in the State Dept. of Health and Mental Hygiene prior	23 shows any Injury, or other trau
L DIRECTOR: After this certificate has 2 hours after death with the State De	f item 28 is marked, or item 2
THE CINERY	IMPORTANT:

DIRECTOR

Maryland

96 05659 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR FRANK **JAMES** WARD January 1996 19 1:20 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year)
Dec. 10, IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 - M 2 - F 1910 Maryland YRS. 220-03-9065 85 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH VA Maryland Health Care System Perry Point Cecil 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Worcester Snow Hill 1 TES 2 1 NO

FUNERA	401 Covington Street		21863			U.S.A.						
BY	11. MARITAL STATUS  1	If yea, spe	WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuben, Maxican, Puarto Rican, etc.)  1 ☐ YES 2 ☑ NO Specify:  Specify: Black									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College	AL OCCUPATIO fone during mos	UPATION 16b, KIND OF BUSINESS/INDUSTRY									
MP	8th Grade 0		aborer				Mill	2				
<u>S</u>	17. FATNER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surname)											
BE	Henry Ward Delia Long											
70	19a. INFORMANT'S NAME (Type/Print) (dauc	hter)	19b. MAILING ADD	RESS (Street at	nd Number or Rural	Route Numbe	er, City or Town	n, State, Zip C	ode)			
F	Fannie Birckhead		108 N. R	oss St	reet-Sn	ow Hi	el. Mo	rulan	d 21	1863		
	20a. METNOD OF DISPOSITION 1	State cemetery	CEAND DATE OF DIS	POSITION (Ne		OATE		CATION — CH				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE RONALD	wade, pir		State 1	p address of fa Anatomy 16-Balti	Board	-655	W. Bal	etimo.	re Street		
	23. PART I. Enter the diseases, or complice shock, or heart felture. List only iMMEDIATE CAUSE (Finel	tions that caused the	death. Do not e							Approximate interval Between Onset and Death		
	disease or condition reaulting in death)  a. Sepsis  Due to (or as a consequence of):											
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DETO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									48 hours		
PHYSICIAN: MEDICAL C	PERFORMED?  1 YES 2 NO									RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
2 3	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO MUNCERTAIN											
Ž	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)											
ဒ္ဓ	EXAMINER?  1 YES 2 NO 1 Yes	ITAL: stient 2 - ER/Outpetien		HER:	5 - Residence							
	27. MANNER OF DEATH 28e 1 Natural 5 Pending	. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOF	IRY AT	_		JURY OCCUI	RED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28f. LOCATION (Street and Number or Rural Route City or Town, State)								Number,			
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ea stated.											
	29b SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	T	29d. DATE S	IGNED (Mor	nth, Day, Year)		
O BE	Character of the second of the											

VAMC PERRY POINT, MD 21902

DHMN-16 Rev 1/89

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE Studier Par

AVELINA HERNANDEZ,

FFR 2 9 1996

31. DATE FILED (Month, Day, Year)

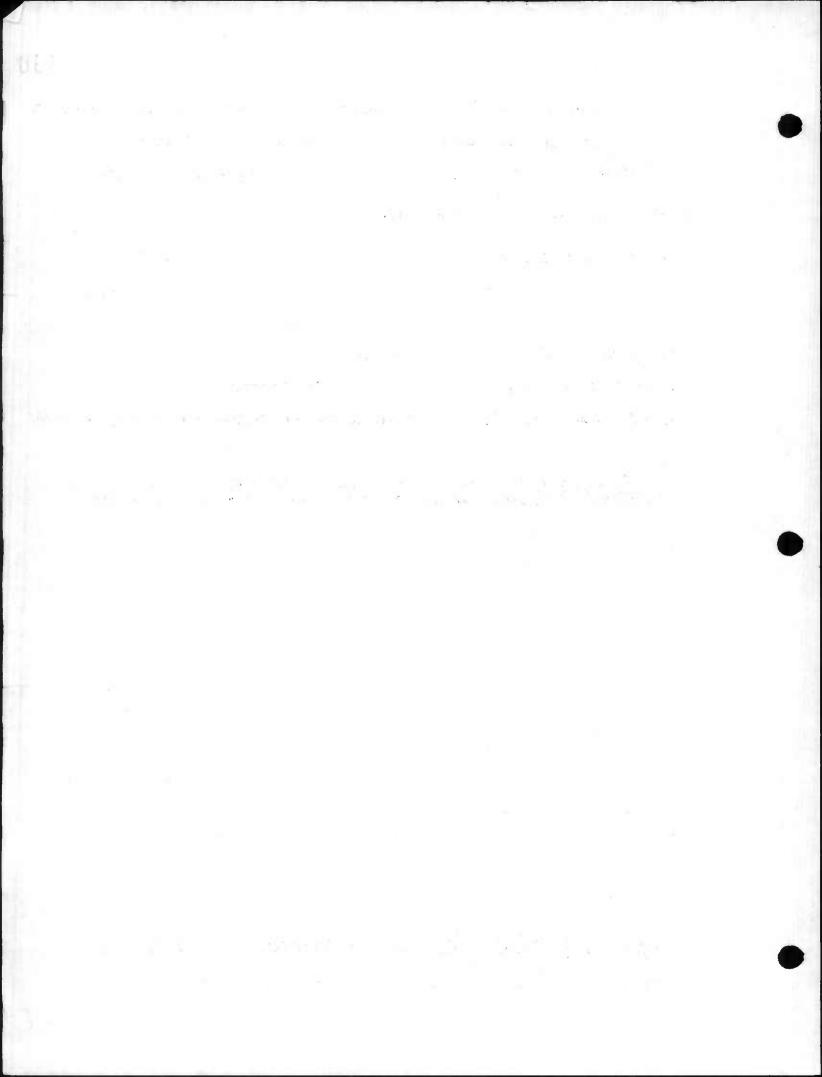
State of Maryland / Department of Health and Mental Hygiene

05660 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 1996 PATRICIA ANN 21 Feb. 8:05 AM Wurst /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Memorial Hospital at Easton Talbot Easton Months Days Hours Min. (Month, Dey, Year)

May 7, 1934 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** 1 □ M 2 🕅 F 214-30-8668 Yrs. Maryland Director 61 Usual Residence of Decedent Peges 1 and 2 should be filed within 72 hours after death with the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits il Hygiene. other than "naturel", or flems 23a or 28a-f show vent, the Medical Exeminer must be nothed at Maryland Queen Annes Centreville 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Main Street-P.O. Box 344 21617 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 ♥ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4or 5+) unemployed 11th grade n/a uppartment of Health and Mental Hy Important: if Itam 27 is marked other eny injury or other traumstic avent once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Richard Wallace Murphy Pearl Wagner 19e. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Michael Murphy (brother) 17 Mariners Way-Unit 3-Stevensville, Maryland 21666 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 Donetion 5 Other (Specify) 21. Signature of Fineral Service Lices 23. Name and Address of Facility State Anatomy Board-655 W. Baltimore Street wade. Dir pille Rm. B026-Baltimore, Maryland 23a. Perfl. Enter the disease, of complications that caused the death. Do not enter the mode of dying, euch as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Betw Onset\_and D and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner The law requires that the deeth certificate be executed physicien and s the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760. Due to (or es e consequenca of) d for use es t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. the 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 Probably 4 ☐ Unknown 24b. Were eutopsy findings evallable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? ate has b certificate 1 ☐ Yes 2 KNo 1 ☐ Yes 2 No or Attending Physician: Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) 1□ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Appatient 2 ER/Outpetlent 3 DOA this funeral 28c. Injury et Work? 27, Manner of Deeth 28b. Time of 28d. Describe how Injury occurred After 1 Naturel 5 Pending investigation thin 24-hours after death.

the Funeral Director: After an east of the funeral birector of the funeral 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide edical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, dete end place, end due to the ceuse(s) end manner steted. 29a. Certifier 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 404 MARNEL CT. EASTON, MD CHARLES DINAPOLI MD 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature FEB 2 9 1996 Registrar



				State of Maryla		tment of t ificate of			giene Reg. No.	96	05661
	Physici	an	Decedent's Name (First, Middla, Last)  A (C. C. C. C. C. C. C. C. C. C. C. C. C. C					2. Deta of Dec Month	eth Dey	Yaar	3. Time of Death
	/Medic		Ruth Alice 4e. Fecility Neme (If not institution, giva:			WARLIC	K 4b. City, Town, or I	Februa			12:25 pm
	Examir Funeral Director	er	Franklin Square 5. Sociel Security Number 6. Sex	Hospital		If Under 1 Yaer Months Days	Rossui		Balti h y, Year)	more 9. Birthpl	County  aca (Stata or Foraign  In)
	ylend		10e. State 10b. County	10c. C	ity, Town or Loca	ition				10	Od. Inside City Limits
	Ba-f a	Director		altimore			Edgeme	re			1 □ Yas X⊠ No
	23a or 2	rai Dire	10e. Street and Number 3202 Lynch Road			10f. Zip Code 2	1219		10g. Citizen of V United		*
020	permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mental Hyglene. Department of Health and Mental Hyglene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in a Medical Examiner must be notified at pone.	by Funeral	11. Maritel Status  1 □ Never Married 2 □ Married  37□ Widowed 4 □ Divorced	12. Wes Decedent Ever in t Armed Forces? 1 ☐ Yas 2 1 No If Yes, Give Yaar or Detas:		as Decedent of H 'es, specify Cub ☐ Yes 2☐ Mo	Hispenic Origin? (Sean, Maxicen, Puert Specify:	pecify Yas or No- o Rican, etc.)	Specify	e - Americe k, Whita, e	
Baltimore, Maryland 21215-0020	d within 72 ho jiene. r than *natur fre Medical	Completed	15. Decedent's Edui (Specify only highest grade Elementery/Secondery (0-12) 7 Years	cation a complated) College (1-4or 5+)	(Giva ki lifa. Do	nt's Usual Occup nd of work dona NOT use ratire	during most of wor d)	king	16b. Kind of Bu		ustry
nd	be filed tathe tothe event,	Be	17. Fethar's Nema (First, Middla, Last)				18. Mothar's Nan				
ryla	d Men	10	James E. Talley	9::0	101 11			Thomas		A	
Ma	nd 2 sl lith and 27 le r r traur		19e. Informent's Neme/Relationship (Ty)  Dorothy Colvin	pe, Print)	7710	Eastdal	e Road B	Baltimor	e, Maryl	Stata, Zip Land	21224
ore,	of Hear		20e. Method of Disposition		Plece of Disposit cematary, crema	ion (Nama of tory or othar pla	ice)	Data	20c. Location -	City or Tov	wn, State
Ē.	ment of h		1 □XBurial 2 □ Cremetion 3 □R 4 □ Donetion 5 □ Other (Specify)	(			h Cem. 2/2		Baltin	-	
Bai	Deparition Departiment Important Information 20008.		21. Signature of Fusional Service License	E. Dens	Du 79	Name and Addre da-Ruck 22 Wise	Funeral Ave. Du	Home of indalk,	Dundal! Maryland	2, Ind	c. 222
	Dl		23a. Part1. Enter the disease, or compli- shock, or heart failure. List only on	cetions thet caused the dae re ceuse on aach line.	eth. Do not enter	the mode of dyi	ng, such as cerdiad	or raspiratory er	rest,		Approximete Intarval Between Onset end Death
9	Physician /Medical		Immediate Cause (Finel	C							
B	Examiner		disease or condition e. Due to (or es e consequence of):								
	nsit	Examiner	_ b	$\partial$	ehezd	ration					1.5
oʻ	ificate be executed physician and ss the bunal-transit	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Due to (	or es e codseque				į		
68760,	ate be hysicii the bu	edicail	Ceuse (Disease or injury that initieted events resulting in death) Last	nce of):							
9 X	ding p	Me		J							
Box	deeth d for u	Iclar	Pert II. Other significant conditions con	tributing to death but not re	sulting in the und	artista causa at	van in Part I	22h Did s	ohacco use cor	stribute to	the cause of death?
, P.O.	es that the deeth cartifigned by the attending be deteched for use e	by Physician/M	Tokkii. Ottor agrinoani oolionidis coll	in butting to doubt but not ra-	outing in the und	errywng cedoe gr					ably 4 Unknown
Records,	requir been s should	Completed						24a. Wes perfo	an eutopsy med?	ava	ra autopsy findings illable prior to npletion of ceuse deeth?
_	cate h							101	res 2⊠ No	10	l Yas 2□ No
	Physician: The law this certificate hes ral director, page 2	o Be	25. Wes case referred to medical examiner?  1 ☐ Yas 2 ☒ No	ospitel:	☐ ER/Outpatient	Oti	26. Pleca of Dee her: 4 ☐ Nursing H	th (Check only o			
Division of v	ding Phy th. After this funeral d	tion: To	27. Menner of Deeth  1 Neturel 5 Pending 2 Accident investigation	28e. Date of Injury (Month, Day Year)	28b. Time of injury	28c. Inju Wo	ry et rk?   Yes 2 □ No		now injury occurr		,
Divisi	al or Attending P s after death. Il Director: After t ed in by the funera	Certification:	3 Suicide 6 Could not be determined	28e. Piece of Injury - At I building, etc. (Speci	nome, ferm, stree ify)	t, fectory, office		28f. Location (5 City or Tox	Street and Numb vn, Stata)	er or Rural	Route Number,
	To the Hospital of within 24 hours at To the Funeral D completely filled it	edicai		ician: To the best of my known ar: On the basis of exemine end menner steted.							
	To the Within To the comple	Z.	29b. Signetura and titla of certifler	Silverine deleg.		29c. Licens	se number		29d. Date signed	Month, L	Day, Year)
			housed atta	cuasio no	)	D-	28170		2/2	8 /9	6
	12		30. Name and address of person who con	mpleted cause of death (Ite	m 23a) (Type, Pr	OLD	N. Pont	Rd- 1:	Butt, 1	ud.	21224
	Sta Registr		31. Dete filed (Month, Day, Year) FFR 2, 9, 1996	32. Registrer's Sign							

TTENOING PHYSICIAN: The law requires that the death certificate be executed within: "I hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the afterding physician and physician a	be med whom: 72 hours after begut what his state begut, of regular and wenter hyperic prior in butter, or remarked, or free most he matified at nace.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must he natified at nace.
E HOSPITAL OR ATTENDING PHYSICIAN:	E FUNERAL OIRECTOR: After this certifical	RTANT: If item 28 is marked, or ite
5 F	TO TH	IMPO

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIEN					
	ALETHA WOLF Aletha Margaret Wolf					MONT		۱۹۰ ری	YEAR	8:05A M		
	$212-28-3587$ $1  ext{ }  ext$											
TOR	9a. FACILITY NAME (If not Institution, give street and number)  Meridian Franklin Woods Nursing Cent.  Baltimo  Residence of peccepent											
DIRECTOR	10s. STATE 10b. COUNTY	STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								DI. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 2714 Green Road			101	21013	-		zen of what country? ted States				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	Il yes, sp	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.)  14. RACE — American in Black, White, etc.  Specify:  Specify:					American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 12	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n Home Mal	done during mo etired.)	during most of working					NDUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Lust) George Proud				16. MOTHER'S NA		Middle, Maiden	*****				
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Robert H. Wolf	Jr. (Husband	196. MAILING AD 2714 Gr	opress (Street a	ad Bald	Route Num	ber, City or Town	n, Statu, Zip C	013			
	20a. METHOD DE DISPOSITION 1   Buriel 24 Cremetion 3   Removal from Stale 4   Donation 5   Other (Specify)   DATE   20c. LOCATION - City or Town, State   Comp. 3/01/96   Towson, Maryland											
	21. SIONATURE OF FUNERAL SERVICE LIGHT	Jeffrey		Ruck T	owson Fu ork Road	nera Tow	l Home	,Inc.				
	23. PART (). Estar the diseases, or co- shock, or heart-fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	CIRR HOSI	S	anter the mo	da of dying, suc	h ss can	diac or reapi	ratory srres	st,	Approximate interval Between Onset and Death ONE MONTH		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
AL.	PERFORMED?  1 YES 2 DMO OF								ERE AUTOPSY FINDINGS BALLABLE PRIOR TO DIPPLETION OF CAUSE F DEATH?			
SIAN:	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEATH	Check only one)	UNCERTAIN	۷ 🗆						
PHYSICIAN: MEDIC	1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:   Inpatient 2 ER/Outpa   28e. DATE OF INJURY (Month, Day, Year)	1 DOA 4	F 28c. INJI	5 Residence		or (Specify) SCRIBE NOW IN	NURY OCCU	RED			
β	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 4 Nomicide determined 1 Nomicide Suicide 8 Could not be determined 1 Nomicide 1 Nomicide Suicide 8 Nomicide Sui									e Number,		
COMPLETED		AN: To the best of my knowle										
TO BE CO	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Mo								onth, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO CAROL RICHARDSON I				RIVE, P	54 LT	more	mp	21	237		
31. DATE FULED (Month, Day, Your)  32. REGISTRAR'S AUGMATURE  OFFB 2 9 1996 Juli Studior Rayleth												

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. 05663 State of Maryland / Department of Health and Mental Hygiene ITEM#19a film g733 3/20/96 ag perFiCertificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 25, 1996 Jeanne Mary February 5 A.M. Aronson /Medical 4a. Fecllity Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 12409 Radnor Lane Prince George Laurel If Under 24 Hrs. 6. Dete of Birth (Month, Dey, Year) If Under 1 Year Months Days 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 KF 74 Yrs **Director** 495-18-4780 Feb. 27, 1921 Missouri Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mental Hygiene. Important: if itam 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, The Medical Exp. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director Prince George Maryland Laurel 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12409 Radnor Lane 20708 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give X Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No Specify: White by 3 Ø Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Julius Wise Mary Eileen McDermott 2 19a, Informant'a Name/Relationship (Type, Print)
JEANNE P. GELLEN 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jeanne P. Geller/Daughter P.O. Box 189, Ridgely, Maryland 21660 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore-Washington Crem 2/26 Laurel, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Facility
Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, 20707 23a. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intervei Between Onset and Death **Physician** fmmediate Cause (Final disease or condition resulting In death) /Medical Examiner Due to (or as a consequence of): Examiner physician end s the buriel-transit requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of) 88 esn signed by the aid be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 XYes 2 No 3 Probably 4 Unknown þ 24a. Wes en autopsy performed? 24b. Were autopsy findings evailable prior to completion of ceuse of death? Completed has page 2 1 ☐ Yes 2 No 1 ¥ Yes 2 □ No certificate firector. 25. Wes cese referred to medicel examiner? Be 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) P 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homloide 흡 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and piece, and due to the cause(s) 29e. Certifler Medical end manner stated. To the Volthin 2 To the comple 29b. Signature/s nd title of certifie 29c. License number 29d. Dete signed (Month, Day, Year)

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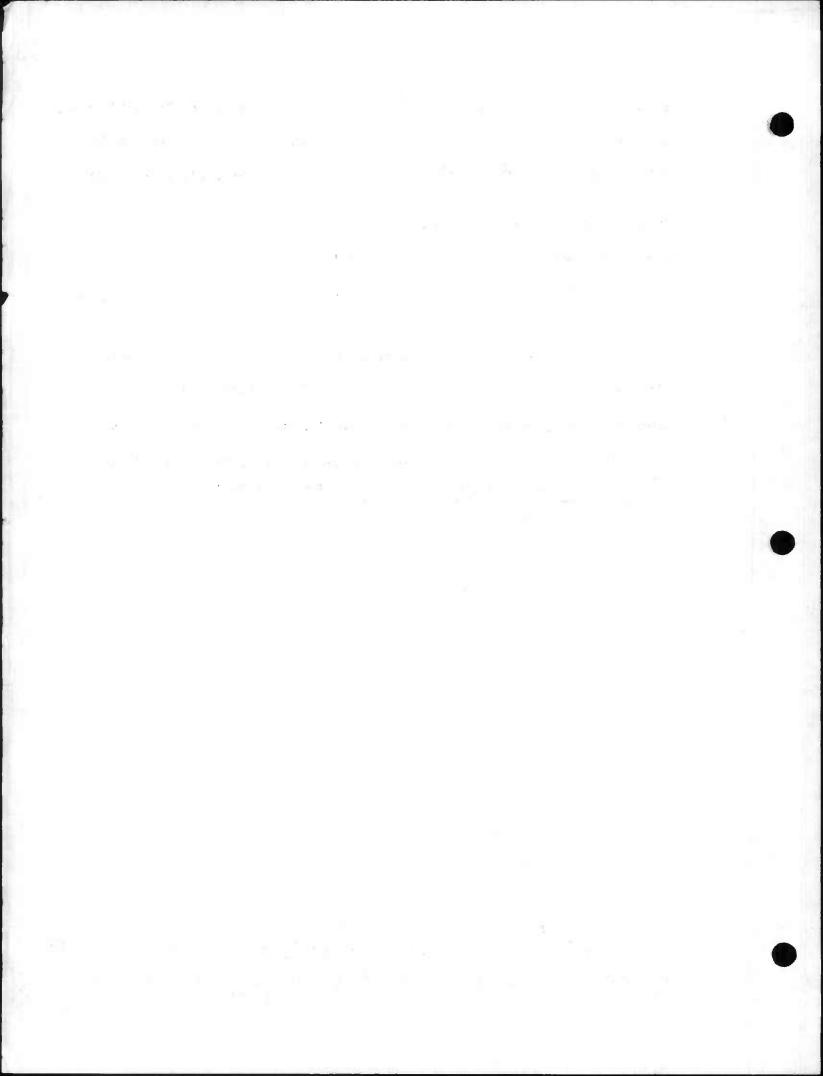
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State Registrar

**DHMH 16 Rav 6/95** 



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State of Maryland / Department of Health and Mental Hygiene

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re, Maryland 21215-0020	s 1 and 2 should be filed within 72 hours aftar death with tha Maryland F Haalth and Mental Hygiena. Items 23 is merked other than "natural", or items 23a or 28a-f show other traumsite event, if a Medical Examiner must be notified at

Baltimore, Maryland 21215-0020	parmit. Pages 1 and 2 should be filed within 72 hours after death with the P	Department or nastiti and mental rygiena. Important: If item 27 is marked other than "natural", or items 23s or 28s-say injury or other traumatic event, if a Modical Expansion must be notified.	MINE
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Maryland of show	tor	Usual Rasidance of Dacedent  10a. Stata 10b. County  MD • NA			City, Town or Lo								10d. Insida City Limit
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should be filed within 72 hours aftar death with the Maryland of Mental Hygiens.  marked other than "natural", or items 23s or 28s-f show imatic event, the Medical Eventiner must be notified as	þ	11. Marital Status  1 Navar Married 2 Marr 3 XWidowed 4 Divorced	Armed F ied 1 ☐ Yas	2 XNo		Was Daced if Yas, spec				pecify Yas or No Ricen, atc.)	14. F	lack, White	ican Indian, i, atc. Black
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12	ate	30. Name and address of person 31. Data filed (Month, Day, Yaar)	KAYM	esa of death (III	tam 23a) (Type,	Print)		57 7	16 NO	es Med	Confe	\$30	" Nagth

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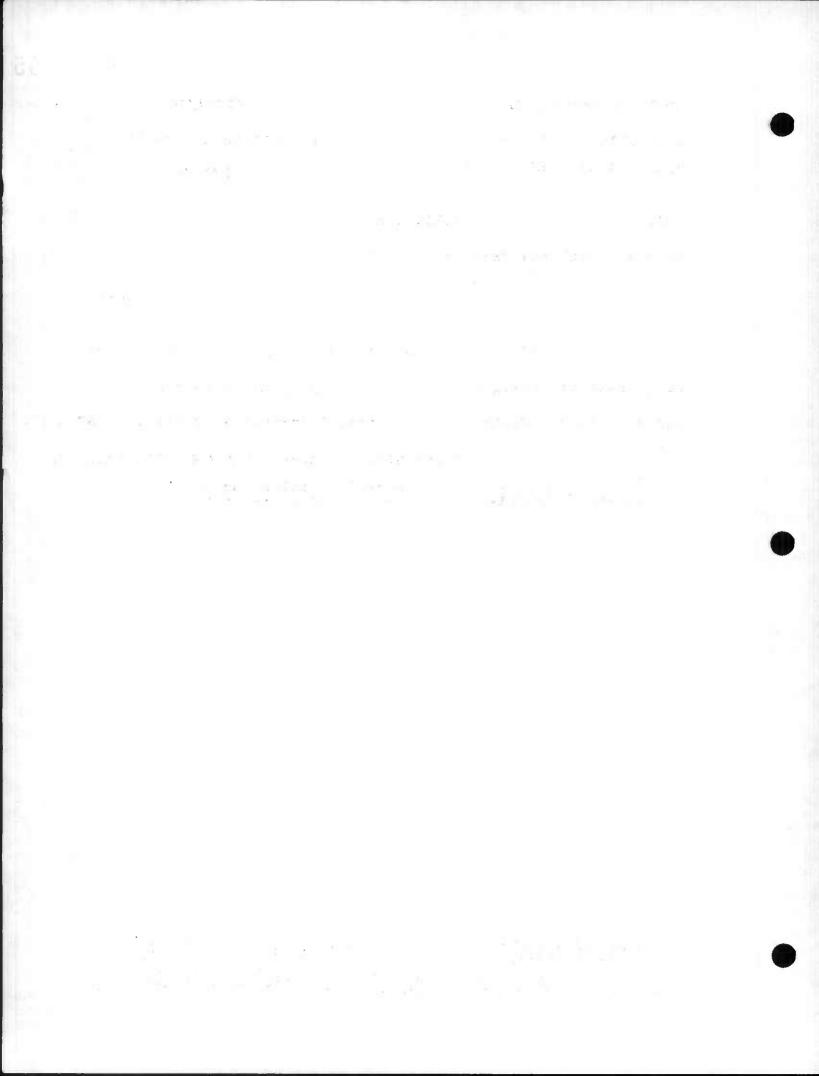
#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 05665 Certificate of Death 1. Decedant's Name (First, Middla, Last) 3. Tima of Death 2. Date of Deeth Physician 02/27/9 Bay Yaar 09:00am Jeffrey Bryan Andrews /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Stable Run Court Randallstown Baltimore 5. Social Security Number 7. Aga (In yrs. last birthday) If Undar 1 Year | If Undar 24 Hrs. Birthpiace (State or Foreign Country)
 S C ... Sax XM 2□ F **Funeral** Days 250-06-8854 Vrs Director Usual Rasidance of Dacedant with the Meryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or items 23a or 28a-f ehow Examiner must be notified at 1 Yas 2 No Director VA. Arlington 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3529 B. 22206 South Stafford St. U.S.A. death v Funeral 12. Was Dacedent Ever in U,S. Armed Forces? 14. Race - Amarican Indian, Black, Whita, atc. Was Decedant of Hispenic Origin? (Specify Yas or No-ff Yas, specify Cuban, Maxican, Puarto Rican, etc.) Peges 1 and 2 should be filed within 72 hours after or neat of Health and Mentel hygiens. mt: If fem 27 Is marked other than "natural", or iter my or other traumatic event, the Medical Examines. 1 ☐ Yas 2 ঐ No If Yes, Give Yeer or Datas: 1 Navar Married 2 Married 1 ☐ Yas 2 No Specify: by SpecifyWhite 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Collaga (1-4or 5+) Elamentary/Secondery (0-12) Federal Gov. Program Analyst 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be Mary Lee Hutchinson Perry Franklin Andrews 2 19a. Informant's Name/Ralationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 348 Mineral Springs Rd.Darlington, SC. 29532 Perry F. Andrews/Father 20b. Piaca of Disposition (Nama of cemetary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata permit. Peges
Depertment of
Important: If it
any injury or c 1X Buriai 2 ☐ Cramation 3 ☐ Ramoval from State Grove Hill Cemetery 03/1/96Darlington, SC. 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name end Addrass of Facility
Sterling Ashton Funeral Home, 21. Signeture of Funaral Sarvice License 736 Edmondson Ave.Balto., 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. **Physician** Immediete Ceuse (Final disaasa or condition rasulting in daath) /Medical Examiner Due to (or as a consequence of): Physician/Medical Examiner APORLS attending physician and for use as the bunal-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Disaase or Injury Dua to (or es e consequança of): P.O. Box 68760, thet initiated avants rasulting in daath) Last Due to (or es e consequance of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. by 24b. Wera autopsy findings available prior to completion of cause of daath? 24e. Wes en eutopsy performed? certificata has b irector, pege 2 s 1□ Yas 2□ No 1 □ Yas 2 □ No. Attending Physician: 25. Was case referred to medical examiner? Be 26. Placa of Daath (Check only ona) To Hospital: 1 Inpetiant 2 ER/Outpatlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No After this funeral 27. Mannar of Deeth 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred Certification: 1 Natural 2 Accident 5 Pending invastigation death. 1 ☐ Yas 2 ☑ No or Attendation of the deat 6 Could not be datarmined 3 ☐ Suicida 28e. Plece of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida Hospital 24 hours a Funeral D edical The Certifying Physician: To tha best of my knowledga, daath occurred at the tima, data and place, and dua to tha causa(s) and mennar as stated.

2 Medical Examiner: On the best of axamination and/or invastigation, in my opinion, daath occurred at the tima, date and place, and dua to the cause(s) end mennar stated. 29a. Certifier within 24 ho To the Fune completely f (Check only one) 29b. Signature and titia of certifiar 29c. Licansa number 29df Dete signed (Month, Day, Year) 30. Nema and addrass of person who complated causa of deeth (Itam 23a) (Type, Print)

DHMH 16 Rev 6/95

State Registrar



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State of Maryland / Department of Health and Mental Hygiene

05666 Certificate of Death 1. Decedent's Nema (First Middle Last) 2. Dete of Deeth Dey **Physician** Month 28, Charles Russell Albright, Sr. 1996 11:30 PM Feb. /Medical 4e. Facility Nama (If not institution, giva straat end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 4339 Cherry Tree Lane Sykesville Carroll If Under 1 Yaer If Under 24 Hrs. Min. Bays Hours Min. Dec 7, 1 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthpleca (Stata or Foreign Country) **Funeral** 1(2 M 2□ F Yrs. Director 219 30 7587 81 1914 Md. Usuel Residence of Decedent tha Maryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be notified at 1 ☐ Yes 2 ☑ No Director Md. Carroll Sykesville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? death with 4339 Cherry Tree Lane 21784 U.S.A. 12. Wes Decedant Ever in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filled within 72 hours aftar. Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, its Medical Examinations. 1 ☐ Yas 2 ☒ No If Yas, Give Year or Detas: 1 □ Navar Marriad 2 □ Merried Saltimore, Maryland 21215-0020 1 ☐ Yas 2 € No Specify: þ Specify: white 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) High School Chef Seton Institute 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) John Milton Albright Carrie Hoover 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mary Ellen Albright 4339 Cherry Tree Lane Sykesville, Md. 21784 20b. Piece of Disposition (Neme of cematery, cremetory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, Stete PDBurial 2 Cremetion 3 Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Lake View Mem. Park 3/4/96 Sykesville, Md. 22. Nama and Address of Fecility 21. Signeture of Funeral Service Licanses Haight Funeral Home P.O.Box 195 Sykesville,

23a. Pert1. Entar the disease, or complications that caused the deeth. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, shock, or hear failure. List only one cause on each line. Md. 21784 Approximata Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Finel Misture Cancer. Metastartuc diseese or condition resulting in death) Examiner Due to (or es e consequence of): mone Renal Insufficience physician and tha bunal-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760, Consequence of)( Corona Meerse Physician/Medicai Due to (or as a 80 ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert i. 23b. Did tobacco use contributa to the cause of death? signed by i 1 Yes 2 No 3 Probably 4 Unknown Iron Dedveneus Breme þ should I 24b. Were autopsy findings eveileble prior to completion of causa of death? 24e. Was en autopsy performed? Completed 1 Yas DENO 1 Yas ak No cartificata Division of Vital Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) 1 Yas BONO Other: 4□ Nursing Home PResidence 6 □Othar (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funarai 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Attending Aftar Neturel 5 Pending To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After complately filled in by the fun 1 ☐ Yes 2 ☐ No 2 Accident Investigation 3 ☐ Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 4 Homicide Codifying Physician: To the best of my sowiedge, deeth occurred at the time, dete end plecs, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner plated. 29a. Certifier Medical (Check only one) 29b. Signature and title d 29c. License number 29d. Data signed (Month, Dey, Year) 2-29-96 D37944 30. Neme and deeth (Item 23a) (Type, Print) 1425 Wher 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Jeli Divilear Re

Registrar

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State of Maryland / Department of Health and Mental Hygiene

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LAUII		4100 N. Cha	rles	Stree	t.				Ralt	imor	۹^		Cit	v		
Funera	al l	5. Social Security Number	6. S			rs. lest birtha	lay) If Un	nder 1 Year		24 Hrs.	P Data of B	irth			lace /Ste	ete or Fore
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Te a	Š	11. Meritei Status		Armed Fo	rces?	10,5.	If Yes, s	specify Cub	en, Mexicar	n, Puerto	ecify Yes or N Rican, etc.)	10-		e - Americ k, White,		٦,
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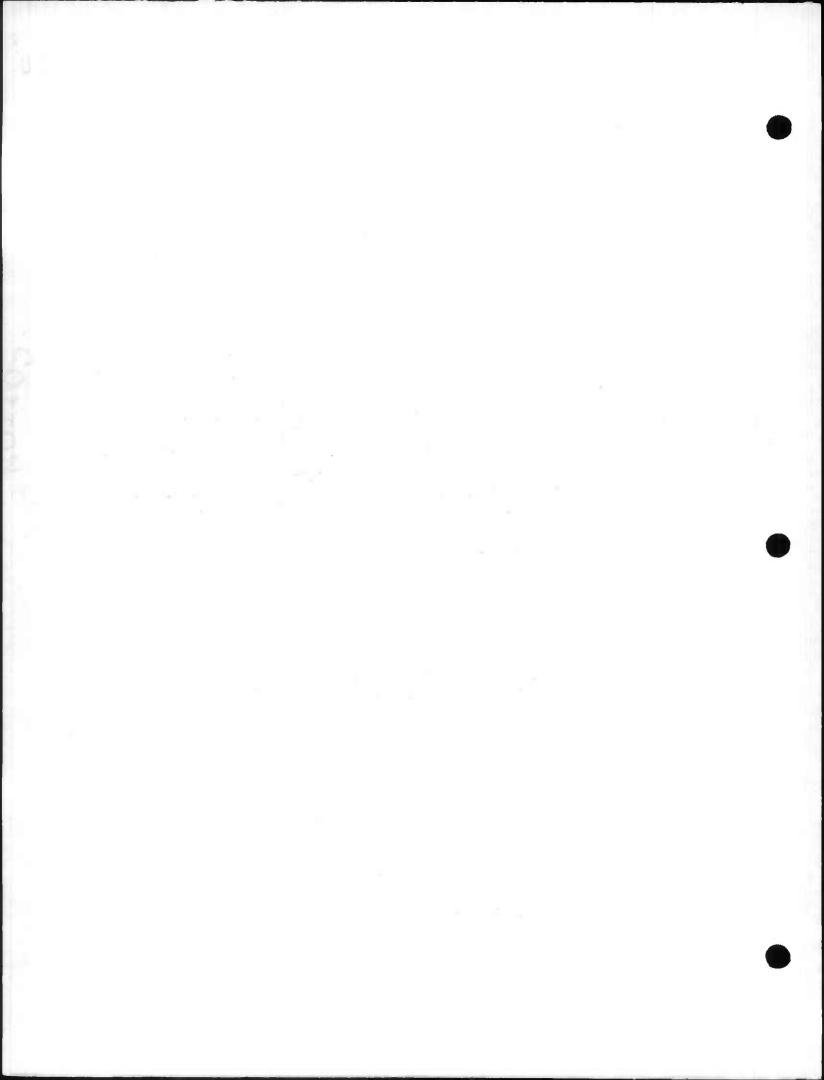
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FOR

BALTIMOR MARYLAND 21215-0020	the hospital or attending physicia	organic a should be detached for use as the burial-tr		at be nothed at once.
	24 hours after death. Page 6	filled in by the funeral direct	tion, or removal.	the medical examiner m
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director and advanced for use as the burial-tr	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be numbed at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATI	OF DEATH	REG. NO.	-	
	1. DECEDENT'S NAME (First, Middle, Lest) OTIS R. BROOKS SR.		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF	96 YEAR	3. TIME OF DEATN 8:30 A
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN		HPLACE (State or Foreign
	212-30-6443 1X M 2 🗆 F 68 YRS. MONTHS	DAYS HOURS MIN.	7-5-27	Count	GINIA
		TOWN OR LOCATION OF DE	ATN	9c. COUNTY OF	
TOH:	6614 O'Donnell stREET BAI	TIMORE		n/a	3
DIRECTOR	MARYLAND 106. COUNTY 106. CITY, TOWN O				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6614 O'DONNELLSTREET	21224		109. CITIZEN OF USA	WHAT COUNTRY?
B	1 Never Merried 2 X Merried FORCES? 1 YES 2 XNO	WAS DECENDENT OF NISPAN If yes, specify Cuben, Mexicar 1 YES 2X NO Specify	, Puerto Rican, etc.)	Blac	E — American Indian, ik, White, etc. ITE
回	15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL O (Give kind of work done	CCUPATION during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	1176
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+) life, Do NOT use relired.)  STEEL WORKE		BETH ST	(PEL	
BE CON	17. FATNER'S NAME (First, Middle, Lest) THEODORE R. BROOKS		BROOKS	Surname)	
TO B	190. INFORMANT'S NAME (Type/Print) MRS. DOROTHY BROOKS  19b. MAILING ADDRES 6614 O'DON	S (Street and Number or Rural R NELL STREET	BALTO. MD	7, State, Zip Code) 21224	
	206. METHOD OF DISPOSITION 1.01 Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)			CATION — City or T	
		NAME AND ADDRESS OF FAC CZOROWSKI FU 201 DUNDALK A			21222
-	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter				Approximate
	ahock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition METRACITATION TITME CANCELLANCE CA			, and y	Interval Between Onset and Death
	a. METASTATIC LUNG CANC	ER			
N	Sequentially list conditions, b. Dus TO OR AS A COMPROVENIES OF				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING				
IFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):				
ERT	resulting in death) LAST				
C	PART II. Other significent conditions contributing to deeth but not resulting in the un	nderlying ceuse given in	Pert I. 24e. WAS AN		b. WERE AUTOPSY FINDINGS
DICAL	COPD, PERIPHERAL VASCULAR DISEASE, CORON		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEC	DISEASE, HYPERTENSION, ALCOHOL ABUSE, DEC				1 YES 2X NO
ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES		1 🔯		
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 (ZNO)  1 Inpetient 2 ER/Outpetient 3 DOA 4 N	R:			
PHYSICIAN:	27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF	sing Home 5X Residence	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation	WORK? 1 YES 2 NO			
COMPLETED B	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fed building, etc. (Specify)	tory, office	281. LOCATION (Street a City or Town, Stete)		Route Number,
7	29e. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the	time, date end place, end due	to the cause(e) end mer	ner as atated.	
OM	one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my	opinion, death occured at the	time, date end place, en	d due to the ceuse	(e) end menner es stated.
B E	29b. SIGNATURE AND TITLE OF CERTIFIER CASE TO THE PARTY OF CASE TO THE PARTY OF THE	29c. LICENSE NUN D27220	IBER	29d. DATE SIGNED  ▶ 2-21-	D (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) NAOMI CUTLER, MD. 1005 NORTH POINT BLVD.,		D. 21224		
	31. DATE FILED (Month, Day Year) 32. REGISTRAR'S STANGED (	, .			
	MAR 1 1996				



ital or attending physician. BALTIMORE, MARYLAND 21215-0020

I for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deto	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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HOSPITAL FUNERAL I

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HERBERT JOHN BLIMLINE Feb 20 1998 4:25 pm » 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign (Month, Dey, Year) NOU. 8, 1910 216-05-1286 1 🛛 M 2 🗌 F Maryland 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH **Baltimore** Saint Joseph Medical Center DIRECTOR Towson, Maryland RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Parkville 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 40 Robin Ridge Court 21234 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] YES 2 NO IF YES GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, alc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 XNO Specify: spectly: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) 8th grade Inspector General Motors 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Harry Blimline 70 Lena Ziemann **BE** notified 19a. INFORMANT'S NAME (Type/Print) (WLEE) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lena Blimline 40 Robin Ridge Court-Baltimore, Maryland be 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from Stala 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata OATE 4 X Donation 5 ☐ Other (Specify) Ronald S. Wade, Dir. 22. NAME AND ADDRESS OF FACILITY State Anatomy Board-655 W. Baltimore Street Wall Baltimore, Maryland 21201-1559 medical ART I. Enter the diseases, or compilcations that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ahock, or haart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition 3 DAYS MYOCARDIAL INFARCTION resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) PULMONARY EMBOLISM 3 DAYS MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Entar UNDERLYING DEEP VEIN THROMBOSIS 3 DAYS CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST shows any injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | 10 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, Item HOSPITAL:
1 Papellent 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER: 1 YES 2 TO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK7 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Hetural
2 Accident 1 YES 2 NO BY 28a. PLACE OF INJURY — Al home, farm, streal, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town: State) 3 Suicide 49 6 Could not be COMPLETED 500 4 Homicide item 29a. CERTIFIER
//Check only

1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

FRANZ VELLA-CAMILLERI, M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204

37 FOIST OF SHATUE ALL

D 21207

2/21/96

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death February 26 1996 12:45 PM Bradstock 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Riverview Nursing Centre, Inc. Baltimore ESSEX 7. Age (In yrs. last birthday) If Undar 1 Yaar If Under 24 Hrs. Months Days Hours Min. April 25, 1906 6. Sex 9. Birthplaca (Stata or Foreign 1 M 200 Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Dundalk 1 ☐ Yas 2 X No 10f. Zlp Code 10g. Citizen of What Country? 48 Portship Road 21222 U.S.A. 12. Was Decedent Ever In U.S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 1 Naver Married 2 Married 1 ☐ Yas 2 XNo 1 Yas 2 TNo Specify Specify: White Year or Dates: 16b. Kind of Business/Industry

3 St Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 17. Father's Nama (First, Middle, Last)

16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) Seamstress Department: Store

18. Mothar's Name (First, Middle, Maiden Sumama)

John Cakenbach 19a. Informant'a Name/Relationship (Type, Print) Agnes B. Kerr

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 104 S. Marlyn Ave. Essex, MD. 21221

Bertha Morgan

20a. Method of Disposition 20b. Place of Disposition (Name of cematery, crematory or other place) 1X Buriai 2 ☐ Cremation 3 ☐ Removal from Stata Oak Lawn Cemetery 5 Other (Specify) 4 Donation

February 29, 1996 Baltimore, Co.

20c. Location - City or Town, State

itura Fundai Seo Saar 21. Sieff hat caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

22. Name and Address of Eaclity
Bruzdzinski Funeral Home P.A. 1407 Old Eastern Ave. Essex, MD. 21221

Immediete Cause (Final disaase or condition resulting in death)

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

28a-f show

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Items 23s

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permit. Page Department of Important: If any injury or once.

**Physician** /Medical

Examiner

physician and s the burial-transit

88 attending p

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signed be del

90md

the same

Director

To the Hor within 24 h To the Fur completely

ō hours

The law requires that the death certificate be executed

Box 68760.

P.O.

Records,

Vital

to

Examiner

Physician/Medical

þ

Completed

Be

To

Certification:

Medical

Pages 1 and 2 should

the Medical Examiner must be notified at

Director

Funeral

by

Completed

Maryland

the

death

filed within 72 hours after

altimore. Maryland 21215-0020

Thelma

5. Social Security Number

220-18-4555

Maryland

11 Marital Status

10e. Street and Number

10a. State

Usual Rasidence of Decedent

Due to (or as a consequence of):

Chronic Obstructive Pulmonary Disease

Due to (or as a consequence of):

Dementia

Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.

Pneumonia

Due to (or as a consaquanca of)

Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or injury that initiated avents resulting in death) Last

25. Was case referred to medical

1 Yas 2 No

27. Manner of Death

4 Homicide

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yee 2 ☐ No 3 ☐ Probably XXUnknown

24a. Wes en eutopsy

24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 2 No

1 ☐ Yas XXNo

Approximate interval Between Onset and Death

2 Weeks

26. Place of Death (Check only one)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: Nursing Home 5 Residence 6 Other (Specify) 28a. Dete of injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work?

5 Pending 1 Neturei investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, offica building, atc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier 🕊 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year) 29c. License number

29b. Signature and title of certifier estipande MD

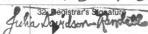
1996

46082 2/28/96

30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print)

NEETA DESHPANDEM.D. I EASTERN BLVD., BACTIMORE MD 21221 31. Dete filed (Month, Day, Year)

State Registrar



#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

05671

State of Maryland / Department of Health and Mental Hygiene

		Certificate of De	1		Reg. No.		
Physic	ian	1. Decedent's Name (First, Middla, Last)  BETTIE E. BROWN		. Dete of Dee Month	Day	Yeer	3. Tima of Death
/Medi Exami			City, Town, or Local	FEB tion of Deeth		of Deeth	IO AN
LAGIIII	Hei		OWSON				
Funerai	Г	5. Sociel Security Number 6. Sex 7. Aga (In yrs. lest birthday) If Under 1 Yaar If U	Under 24 Hrs. 8	. Dete of Birt	h v. Year)	9. Birthplace	e (Stata or Foreign
Director		Usuel Residence of Dacedent	4	APRIL	18,1926	Mar	yland
puel wo		10a. Stete 10b. County 10c. City, Town or Location				10d.	Inside City Limits
Mary	to	Md. BALTO. PARKVIlle					1 ☐ Yes 2 XNo
h the	Director	10e. Street and Number 10f. Zip Coda			10g. Citizen of V	What Country?	
th wit	a D	2904 JOMAT AVE 21234	4		USA		
r dea	Funerai	11. Meritei Stetus 12. Was Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispan If Yas, specify Cuban, M.	nic Origin? (Specifi faxican, Puarto Ric	fy Yas or No-		e - American I	
s afte	by Fi	1 □ Never Married 2 Married 1 □ Yes 2 No If Yas, Giva 1 □ Yes 2 No Sp	pecify:		Specify		
72 hours after death with the Manyland "natural", or items 23a or 28s-f show solical Examinet must be notified at		3 U Wildowed 4 U Divorced Yeer or Detas:  15. Decedent's Education 16a. Decedent's Usual Occupetion			16b. Kind of Bu	WHIT	
within 72 ho liene. r than "natur the Medical.	Completed	(Specify only highest grada complated) (Giva kind of work done during	g most of working				ıy
filed within Hygiene. Wher than	E	Elamentery/Secondery (0-12) College (1-4or 5+) Housewife			Hon	VE	
be filed tal Hygid d other	Be		Mother's Name (F				
should be and Mental in marked or umartic eve	2		Jeanett		McCA		
		19e. Informent's Neme/Relationship (Type, Print)  19b. Meiling Address (Street and N			2	AA	
memit. Pages 1 and 2 Department of Heelth mportant: if item 27 i any injury or other tri ance.		Kobert J. Brown/Spouse 2904 Jol 20b. Place of Disposition (Name of		VC. S	20c. Location -		21234
ages or of		1 ■ Buriai 2 □ Cramation 3 □ Removal from State cemetery, cremetory or other place)	M	ARCH			
ift. Portam		4 Donation 5 Other (Specify)  21. Signal of Funerel Sarvica Licens  22. Nama and Address of		1996	Timon	ium, i	MIT.
Department of Heelth Important: If them 27 is any injury or other tra		EVANS Char	ocl of C				
_		23a. Pert1. anter the disease, or complications that caused the diseath. Do not enter the mode of dying, su shock, wheart fallure. List only one cause on each line.	ich as cardiac or n	IMON	uum. P		proximete
Physician		shock, A heart fallure. List only one cause on each line.		oopiiatory or	, , ,	Int	erval Between iset and Death
/Medicai		Immediate Cause (Final disasse or condition Herm work mails Could large the	20,000	611	Dout	-	
Examiner		Immediate Cause (Final disasse or condition resulting in death)  a. Hemorthogic Couclivor (in the condition of the condition	, carely	acc	-coard		
D #	ine	Hypertensin					
and Fran	Examiner	Sequantielly list conditions, if eny, leeding to immediata causa. Enter Underlying					
be e) ician buria		Cause (Disease or Injury	_				
certificete be executed ding physician and use as the burial-transit	edical	that initiated events resulting in death) Last Due to (or as a consequence of):					
nding use a	3	d					
iew requires that the death as been signed by the atter 2 should be deteched for	Physiciar	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I	23h Did t	obacco use cor	atribute to the	e cause of death'
het the de deteched	hys	Atrial fibrillation	ir ait i.		res 2□No		ly 4 Unknow
gned be de	by F	ATURE TIBILIDALIA				10 = 54	
v require been si should	ted				an autopsy med?	availet	eutopsy findings ble prior to
as be	Completed					comple of dee	etion of causa th?
or Attending Physician: The law requires to effer death.  Plactor: After this certificate has been signed in by the funeral director, page 2 should be	ပ္ပ			1 🗆 Y	es 2 No	1 □ Ya	as 2 No
clan: ertific ector,	Be	examinary	. Plece of Deeth (C	Check only o	ne)		
Physic this o	10		Nursing Home				
After funer	ion	1 Netural 5 Pending (Month, Day Year) Injury Work?		d. Describe n	ow Injury occurr	red	
deat ctor: y the	Certification:	3 Suicide 6 Could not be 28e Place of Injury - At home farm street fectory office		Location (S	Street and Numb	er or Rural Ro	oute Number
offer of Directory	er	4 Homicide determined building, etc. (Specify)	20.	City or Tow	n, Stete)	07 07 110701710	roto (varibo),
To the Hospital or Attending Physician: within 24 hours efter death of the Funeral Director: After this certific completely filled in by the funeral director.		29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, de	ete end plece, end	d dua to the o	eusa(s) and me	nner as stete	d.
Ne Ho	edicai	(Check only one)  2 Medical Examiner: On the basis of examination end/or investigation, in my opinion end mannar stated.	n, deeth occurred	et the time, o	dete and plece,	and due to the	cause(s)
within To th	Ž	29b. Signature end titla of certifier 29c. Licensa num			29d. Data signed		
		Merrae Levalenteres 0210	022		2-29	-96	
8		Merror Levalence As D210  30. Name and address of person who completed cause of death (Item 23e) (Type, Print)  M. Kon ACEUSICI 8604 HARFORD A	. A 4		4 . 3 =		
		M. KOWACEUSICI 8604 HARFURDS ON	U BA	-20	MD 2	1234	
Sta	ite	31. Date filed (Month, Dey, Year) 32. Registrer's Signeture					

Registrar

MAR 1 1996

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Item23a, Part1, A, b, Film733, 3/1/96, 1 State of Maryland / Department of Health and Mental Hygiene 05672 Certificate of Death 1. Decedent's Nama (First, Middla Last) 2. Data of Death **Physician** Month 19, MARY FRANCES BALSOMA FEBRUARY 1996 3:25 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CROFTON CONVALESCENT CENTER CROFTON ANNE ARUNDEL If Undar 1 Yaar If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** Days Months Country)
MARYLAND 1 M 2 F 76 Yrs. 217-09-4706 Director Usual Rasidanca of Decedant with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits or 28a-f show a notified at 1 Yas 200No Director MARYLAND ANNE ARUNDEL CROFTON 10e. Street and Number CROFTON CONVALESCENT CENTER 10f. Zlp Code 10g. Citizen of What Country? Examiner must be r 2131 DAVIDSONVILLE ROAD 21114 U.S.A. pemit. Pages 1 and 2 should be filed within 72 hours efter death 1 Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a and Injury or other traumatic event, the Medical Examiner must once. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-II Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Biack, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 No ò Specify: WHITE 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grada completed) Elamentary/Secondary (0-12) Collega (1-4or 5+) SEAMTRESS CLOTHING N/A 11 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be CHRISTIAN **EHRMAN** 2 TYDINGS DORCAS 19a. Informant'a Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 21122 DOMINICK A. BALSOMA, JR. 2182 LAKE DRIVE, PASADENA, MARYLAND 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Burlai 2 ☐ Cramation 3 ☐ Ramoval Irom Stata 2/21/96 4 ☐ Donation 5 ☐ Othar (Specify) GLEN HAVEN MEMORIAL PARK GLEN BURNIE, MD. 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility SINGLETON FUNERAL HOME 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 Enter the disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, or heart/aiiura. List only one cause on each line. Approximata Intarval Batween Onsat and Death DIABETES **Physician** /Medical Immedieta Causa (Final Sie typas disease or condition resulting in death) Examiner Dua to (or as a consequanca of): Examine HYPERTENSION **7YEARS** physician and s the buriel-transit The lew requires that the deeth certificeta be executed Sequantially list conditions, if sny, laading to immadieta causa. Entar Undarfying Cause (Disaasa or Injury that initiated evants rasulting in daath) Last Due to (or as a consequence of) P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): ettending pl ate hes been signed by the page 2 should be detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 700 3 Probably 4 Unknown Division of Vital Records, by 24b. Wara autopsy lindings available prior to 24a. Was an autopsy performed? Completed completion of causa of death? 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate Hospital or Attending Physician: 25. Was case referred to medical Be 26. Place of Daeth (Check only one) Other: Mursing Home 5 Residence 6 Other (Specify) 9 1 Yas 2 HO 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA shis funeral 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima ol 28c. Injury at Work? 28d. Dascribe how Injury occurred After To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte complataly filled in by the fun 1 Neturel 5 Panding 1 ☐ Yas 2 ☐ No 2 Accident invastigation 6 Could not be determined 3 Suicida 28e. Place of Injury - At homa, ferm, street, lactory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To tha bast of my knowledge, death occurred at tha tima, date end piece, and dua to tha ceusa(s) and mannar as stated. Medical 29e. Certifian 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the causa(s) end manner stated.

State

30. Nama and address of person m 23a) (Type, Print) 1438 Defense Huy 31. Data filed (Month, Day, Year) MAR I 32. Begintrar's Organitura

29c. Licansa number

35848

Gambrills mud 21054

29d. Date signed (Month, Day, Year)

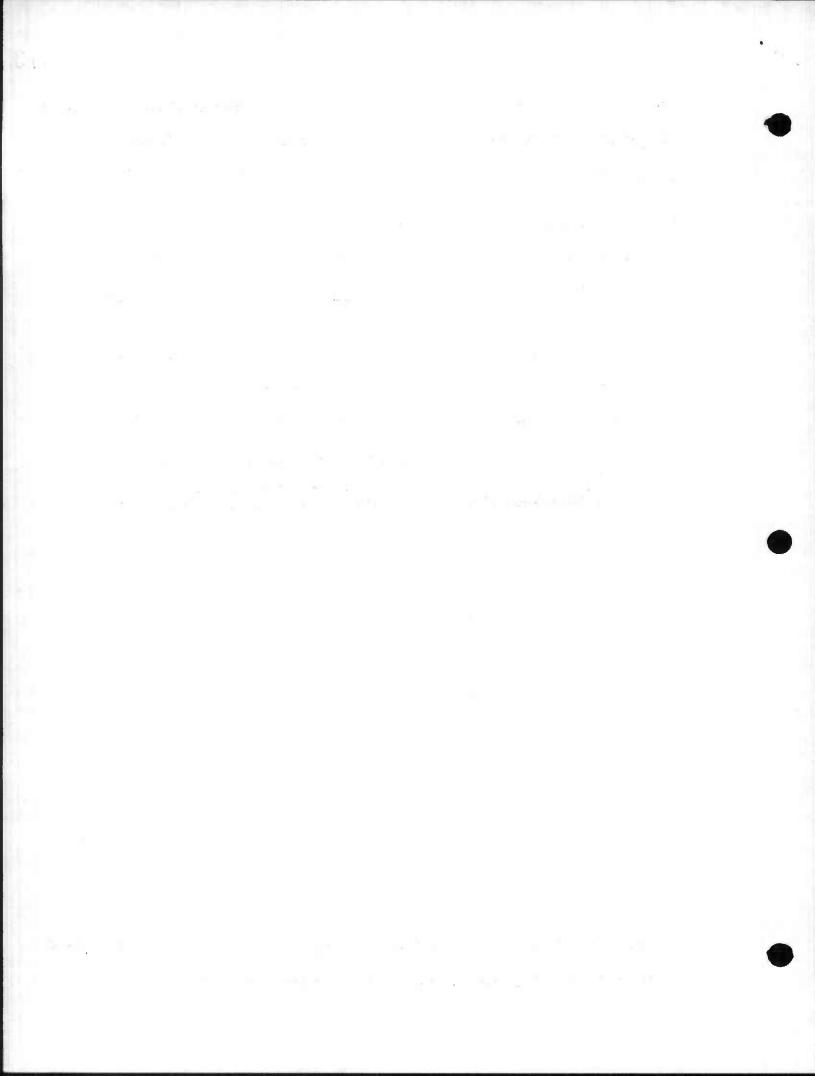
29b. Signatura and titla of certifiar

a life

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

05673 Certificate of Death 1. Decedant's Nama (First, Middia, Last) 2. Data of Death 3. Tima of Death **Physician** Month Yaar Deanna Balko Wrav February 27,1996 10:23 AM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Physicians Memorial Hospital La Plata Charles 7. Aga (In yrs. last birthday) 58 Yrs. If Undar 1 Yaar | if Undar 24 Hrs. 5. Social Security Number 8. Data of Birth (Month, Day, Year) Oct. 26, 19 Birthplace (Stata or Foreign Country) **Funeral** Days Hours 1□M 20 F Director 1937 579-46-2978 Washington, DC Usual Rasidance of Decadant permit. Peges 1 end 2 should be filed within 72 hours after death with the Marylend Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Modical Exercises is used to notified 10a Stata 10b. County 10c. City, Town or Location 10d. tnsida City Limits 1 ☐ Yas 2 ☑ No Director Maryland Charles Welcome 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 9045 Gunston Road 20693 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amarican Indian, Black Whita, atc 1 □ Yas Z\ONO If Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 X Married 1 Yas 2 No þ Specify: White 3 Widowed 4 Divorced Completed 16a. Decedent's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Etamantery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Dennis Williams Eva Wrav 19a. Informant's Name/Ralationship (Typa, Print) 19b. Malling Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) Norman Balko/Husband 9045 Gunston Road, Welcome, 20693 Maryland 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Crametion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Baltimore-Washington Cr. 2/28 Laurel, Maryland 22. Nama and Addrass of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, MD 20707 23a. Party. Enter the disease shock, or heart failure. I eath. Do not antar the mode of dying, such as cerdiac or respiratory arrest, Approximeta Interval Batween Onsat and Death Physician halm rhage Immediata Causa (Final disaasa or condition rasulting in death) /Medical Examiner Examiner physician and the buriel-transit the death certificate be executed Sequentially tist conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury Records, P.O. Box 68760, Physician/Medicai that initiated evants resulting in death) Last Dua to (or as a consequence of): 80 esn Part It. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy NAM! 最 1 ☐ Yas 2 No 1 Yas 2 No 25. Was cesa referred to medicel axaminar? Be 28. Place of Deeth (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred Division 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant after deat 6 Could not be datamined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Ptece of tnjury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida ò 24 hours a Hospital 29a. Cartifiar Medicai 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the within 2 29b. Signatura and titla of certifier 29c. Licensa number 29d. Date signed (Month, Dey, Year) D-25517 30. Name and addrass of person who complated ceusa of death (tam 23a) (Type, Print) Baljeet S. Sethi, MD 11350 Pembrooke Square Suite 312 Waldorf, Maryland 20603 Hagistyff's Signature Randall State Registrar



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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flowers after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

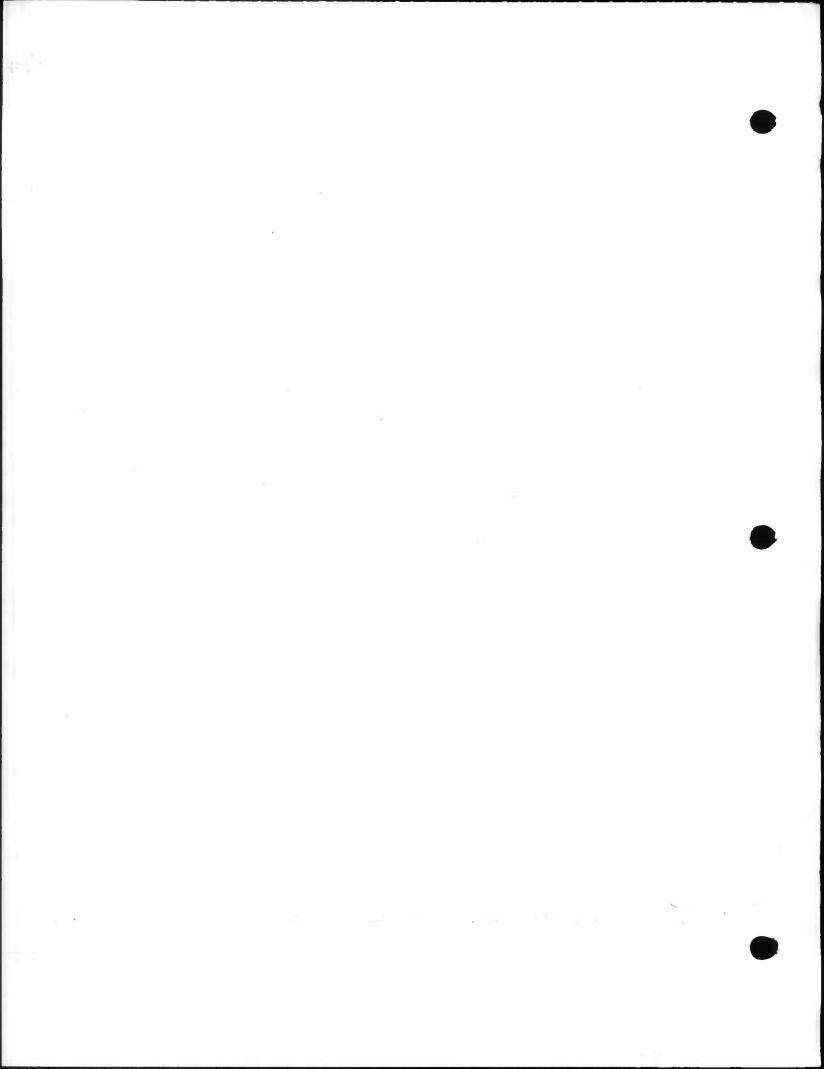
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTA	L HYGIEN				• •
1. DECEDENT'S NAME (First, Middle, Lest)		02.11.11.10/	112 01	DEATH		OF OEATH			3. TIME OF DEATH	
MARGARET LUI	ISE SNYDER	BRODNA	4X		Feb	ruary	27 <b>.</b> 1	996	1 • 40PM	M
The second of th		100	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 DATE	OF BURTH			PLACE (State or Foreig	n
217-24-5187  9a. FACILITY NAME (If not institution, give stree	1 M 2 XF 81	YRS.		OR LOCATION OF DE		y 10,	1914	Mar	yland	_
Greater Baltimor			Towson						re County	,
10a. STATE 10b. COUNTY			WN OR LOCAT	ION					10d. INSIDE CITY	$\neg$
	N/A	Bal	Ltimore						LIMITS?	
100. STREET AND NUMBER			101	ZIP CODE			10g, CITIZ	EN OF W	HAT COUNTRY?	
6107 Edlynne Ro	DACI 12. WAS DECEDENT EVER IN U	C ABMED	40 440 050	21239				US	4.4	_
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN	in, Puarto	N7 (Specify Yes Rican, etc.)	or No-	Black	- American Indian, White, etc.	- 1
3 Widowed 4 Divorced	TI TES, GIVE WAN ON DATE		1 1 153	2 NO Specify	y.			Specif	White	- 1
15. DECEDENT'S EDUCAT (Specify only highest grade co		Ba. DECEDENT'S USU (Give kind of work	done durina mo	ON st of working	186	. KIND OF BU	SINESS/IND	JSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	•		Ι,	T J				
17. FATHER'S NAME (First, Middle, Last)	4 yrs	Music Te	acher		_	Educat	_			
Adam	Snu	der		18. MOTHER'S NA	ME (First,		Sumame)		T7	
19a. INFORMANT'S NAME (Type/Print)	Sily	7	PRESS (Street a	Marie	Route Num	Anna	n Stata Zin	Codel	Kratz	$\dashv$
Mr. Forrest F. Br	amble Ir			t Stree					21201	
20a. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Remove	20b. Pt	LACE AND DATE OF OI	SPOSITION (Na		DAT		CATION — C			$\neg$
4 Donation 5 Other (Specify)	COMOTO	ry, crematory or other p	neterv		3/	1 Par	kvi 11	0 N	faryland	
21. SIGNATURE OF FUNERAL SERVICE LICE	/SEE		22. NAME AN	ID ADDRESS OF FA	CILITY	2		-,-	aryranu	
Martin D. Laws	awson		LIT COL	TGTT_MTG(	лете.	TO HOLL			land 2121	.
23. PART I. Enter tha diseases, or conshock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the strong one cause on aaci	h line.	enter the mo	de of dying, auc	haa can	diac or reap	ratory arre	est,	Approximate Interval Betwoonaat and De 36 ho	een eath
Sequentisity list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO									
PART il. Other significant conditiona			e underlying	cause given in	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDS AVAILABLE PRIOR TO	VGS
	nt Hip Fa					1 TYES 2			COMPLETION OF CAUS	E
		n cance		/					1 YES 2 NO	
DID TOBACCO USE CONTRII				UNCERTAIN	И□					
	IOSPITAL:	PLACE OF DEATH (C	heck only one)							_
1 TYES 2 NO 1	Inpetiant 2 EF/Outpatie	26b. TIME OF		5 Rasidence						_
1 Neturel 5 Pending	(Month, Day, Year)	INJURY	28c. INJI WO M 1 1	RK?	28d. DE:	SCRIBE HOW I	NJURY OCC	URED		
2 Accident Investigation 3 Suicide 8 Could get be	28a. PLACE OF INJURY —	At home, farm, street			28f. LOC	ATION (Street	and Number	or Rumi B	outo Number	_
4 Homicide 8 Could not be detarmined	building, etc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			or Town, State)	ino manpar (	Dr 11651607 FR	oute trumbol,	
	N: To the best of my knowledge.									
29b. SIGNATURE AND TITLE OF CERTIFIER			y opinion, 0			- and placa, an	_			J
. 7-11-	men m	.0		29c. LICENSE NUN			29d. DATE		(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO C			)	עו ע	10		J		9-96	_
William McConnol				Parlavon	Da	1++	o M-	. 1 - س		
31. D. (Abrith, D. 345)	32, REGISTRAR'S SIGNATU	JRE	TOLLY	Tarkway	Dal	LLIMOR	e, mai	гута	na 21/10	$\dashv$





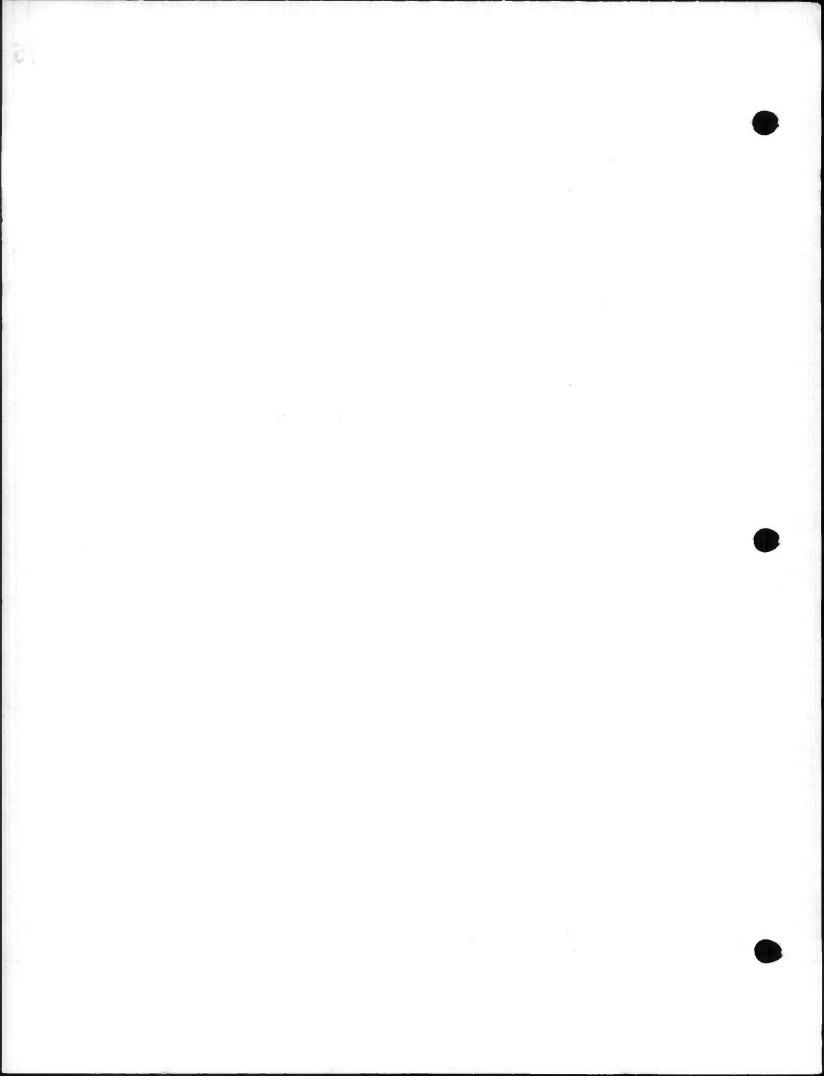
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSF	TO THE FUNE	be filed within	IMPORTANI

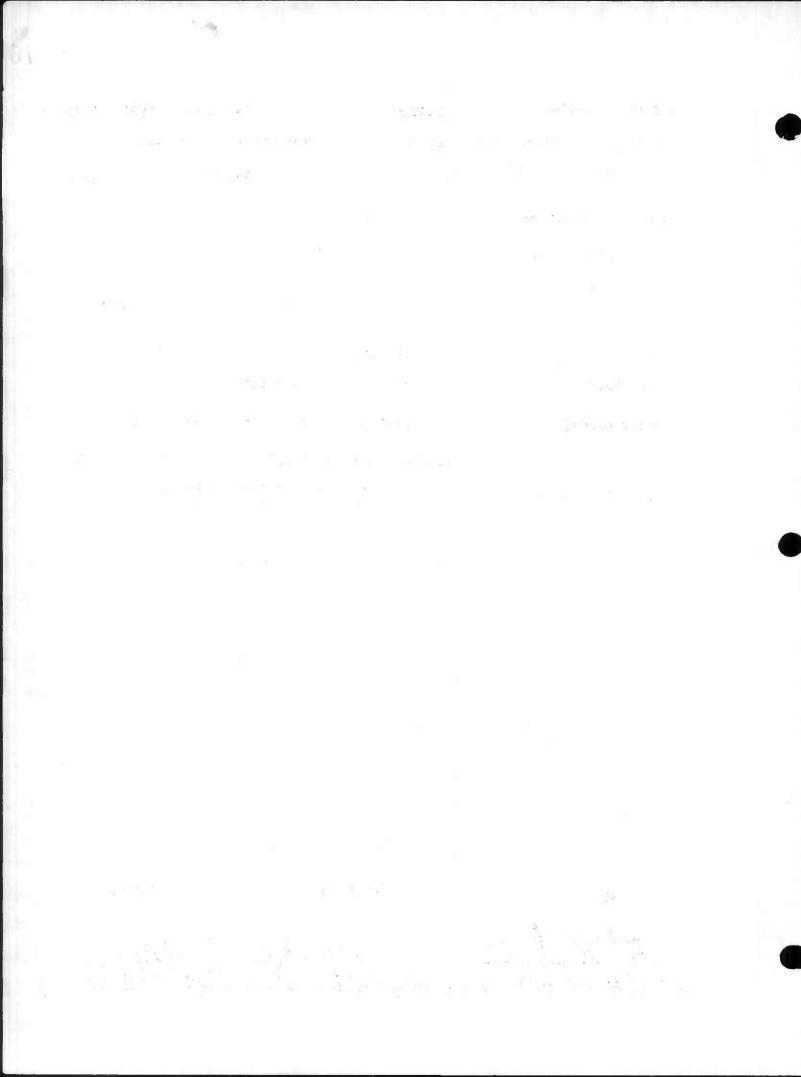
1 - FOR STATE REGISTRAR		STATE OF M			MENT OF	HEALTH AND	MENTA	L HYGIEN							
1. DECEDENT'S NAME	(First, Middle, Last)	Blok					BACALT	OF DEATH		/EAR	3. TIME OF DEATH  4:25 A M				
4. SOCIAL SECURITY I	OCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPL										LACE (State or Foreign ington, DC				
2816 Broa	96. FACILITY NAME (If not institution, give street and number)  2816 Broadview Terrace  96. COUNTY OF DEAT  Annapolis  Anne Arund														
RESIDENCE OF 10a. STATE MD	10b. COUNTY Anne Ar	TION Olis		10d. INSIDE CITY LIMITS? 1 X YES 2 ND											
RESIDENCE OF  10a. STATE  MD  10b. STREET AND NUM  2816 Broad  11. MARITAL STATUS		race			10	21401			IAT COUNTRY?						
11. MARITAL STATUS  15 Never Married  3 Wildowed 4	2 Merried	12. WAS DECEOENT FORCES? 1 IF YES, GIVE W	YES 2 🗙		It yes, s	CENDENT OF HISPANIC ORIGIN? (Specify Yes or No—pecify Cuben, Mexicen, Puerto Rican, etc.)  14. RACE — American India Black, White, etc.  Specify: White									
15. (Spech	DECEOENT'S EDUCA- fly only highest grade co ary (0-12)	CTION ompleted) College (1-4 or 5+	, and a	ECEDENT'S U Give kind of wo a. Do NOT use iner	irk done during m	AL OCCUPATION done during most of working lifed.)  16b. KIND OF BUSINESS/INDUSTRY HOTSES									
III TATOMICE IT .	17. FATHER'S NAME (First, Middle, Last) Thomas W. Blohm  18. MOTHER'S NAME (First, Middle, Melden Surname) Lahni N. Nicholson														
	196. INFORMANT'S NAME (TyperPrint)  196. MAILIND AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  2816 Broadview Terrace, Annapolis, MD 21401														
1 Donation 5 0	20e. METHOD OF DISPOSITION  1  Burlet 2  Cremetton 3  Removal trom State 4  Donetton 5  Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemagery, crematory or other place) Metro Crematory  20c. LOCATION — City or Town, State 2728 Baltimore, MD														
21. SIGNATURE OF FUI	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  12. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 12. Ridgely Ave. Annapolis, MD 21401														
Sequentially liet co if any, leading to it ceuse. Enter UNDE CAUSE (Disease or that infliated event resulting in death)	23. PART I. Enter the diseases, or complications that ceused ha death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or haart fellura. List only one ceusa on aach lina.  IMMEDIATE CAUSE (Final disease or condition resulting in daath)  DUE TO (OR AS A CONSEDUENCE OF):  Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST  DUE TO (DR AS A CONSEDUENCE OF):  DUE TO (DR AS A CONSEDUENCE OF):														
PART II. Other sign	DART II. Other aignificent conditions contributing to death but not racuiting in the undarilying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 ND										Ib. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND				
25. WAS CASE REFERRENCE EXAMINER?  1 YES 2 NE						LACE DF DEATH (C	heck only or	10)							
1 TYES 2 NI	HOSPITAL: 1 YES 2 ND 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)														
1 Netural	5 Pending Investigation	28e. DATE DF (Month, Da	injury y, Yesr)	28b. TIME INJUI	RY W	JURY AT ORK? YES 2 ND	26d. DESCRIBE HOW INJURY OCCUREO								
2 D Sulates	2 Accident  3 Suicide e Could not be  28e. PLACE DF INJURY — At home, ferm, street, factory, office building, etc. (Specify)								28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	CERTIFYING PHYSICIA MEDICAL EXAMINER:										and menner es stated.				
II 20h SIGNATIIDE AND 1			29c. LICENSE NU			29d. DATE SIGNED (Month, Day, Year)									
Dreved	C/20	arver	MO			0328	169	> 2/28/96							
30. NAME AND ADDRESS	C. Bai	COMPLETED CAUS	_	EM 27) (Type, F	estage	ld	ANN	onul	's u	d	21401				
MAR 0 1 19	96 min	32. SEGISTR	'S SIGNATURE												





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	Physic /Medi		- Oddzell	Esthe	er		BLA	CK					2. Dete of Month Febru	ary	Dey 27.1		3. Time of Deeth 5:05 PM	
P	Exami	ner	4e. Fecility Neme (If not Institution, give street end number)  4b. City, Town, o  Franklin Square Hospital  Rossy								1 1		-	4c. County of Death Baltimore				
	Funeral Director	Г	5. Sociel Security Number 218–12–3934	6. S			(In yrs. lest bi	rthdey) Yrs.	If Under Months	1 Year Deys	If Under Hours	Min.	8. Dete of (Month, Aug. 1	Birth Dey, Ye	915		olece (Stete or Foreign otry) ginia	
21215-0020	Maryland -f show	tor	Usual Residence of Deceder  10e. State 10b. Co  Md • Bi		nore	1	Oc. City, Tow		eation							10d. Inside City Lim 1 ☐ Yes 2 🖾		
	3a or 28a	I Director	10e. Street and Number	na Ro	oad				10f. Zip	Code 2122	21			ntry?				
	n 72 hours effer death with the Maryland "natural", or frems 23a or 28a-f show idical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 Never Married 2 3 Widowed 4 Divo		12. Was Dec Armed F 1  Yes If Yes, G Year or D	orces? 2€ No ive	er in U,S.	J.S. 13. Wes Decedent of Hispenic Origin? (S If Yes, specify Cuben, Mexican, Puert					ecify Yes or Rican, etc.)	No-		ece - American Indien, eck, White, etc. White		
15-0	2 33	Completed	15. Dece (Specify only h	15. Decedent's Education (Specify only highest grade completed)				Decede	ent's Usue	ol Occup	etion during mod	st of work	cing	16b	. Kind of B	usiness/în	dustry	
pu	filed within Hygiene. ther than "	Comp	Elementery/Secondery (0- 9th			(1-4or 5+)		(Give kind of work done during most of working life. DO NOT use retired)  Self-employed							sub	shop		
	정 등 등 중	To Be	17. Fether's Neme (First, Mic Lee Berr									er's Nem	e (First, Middle, Meiden Surname) isk					
	d 2 sho		19e. Informent's Neme/Reletionship (Type, Print)  Dorothy Napfel  19b. Meiling Address (Street end Number or Rural Route Number, City or Town 1413 Galena Road Baltimore Md. 212															
Baltimore,	- 4 5 5		20e. Method of Disposition  20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece)  20c. Location - City										- City or To	ity or Town, Stete				
	permit. Peges Depertment of I- Important: If the any Injury or of		21. Signeture of Funeral Service Licensee  Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221															
68760,	Physician //Medical personner //Medical person	n/Medical Examiner	23a. Perfl. Enter the diseas shock, or heart feilure.  Immediate Cause (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	{	. <b>Pos</b> 2	t-0	ue to (or es e	consequ	uence of):	D <sub>n</sub>	Newy	mt	mil				Approximate Interval Between Onset and Deeth	
s, P.O. Box	r requiras thet the death ce been signed by the ettendi should be deteched for use	by Physician/	Pert tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Pert I.										o the cause of death? bebly 4 🗆 Unknow					
Vital Records,	The law requir ate has been s page 2 should	Completed	Letyre de de la 24.  1 Yes 20 Ho								24b. W av co	ere autopsy findings alleble error to modellon of faulte outst						
Vita		Be	25. Wes case referred to medical exeminer?										102					
Division of	or Attending Ph effer death. Director: Affer th in by the funeral	i Certification: To	The control of the										al Route Number,					
	To the Hospital within 24 hours of Tothe Funeral completely filled	Medical	29e. Certifier (Check only one)  2 Med 29b. Signature and title of one	cat Exam	ystolan: To the ilnar: On the b end men	e best of r pasis of ex nner stete	caminetion er	d/or Inve	estigetion,	in my o	ne, dete er pinion, der e number	eth occur	and due to the red et the tim	e, dete	end plece,	end due to	Dey, Year)	
	( )		7.11	Venc	ful	,			U	14	16	8-0		0	1/28	3/9	6	
1		-10	ADOUDH	M.	W.YCA	O L	th (Item 23e)	(Type, P	rint Dec	te	-	An	4. B	tt	n	iD.	21221	

Registrar



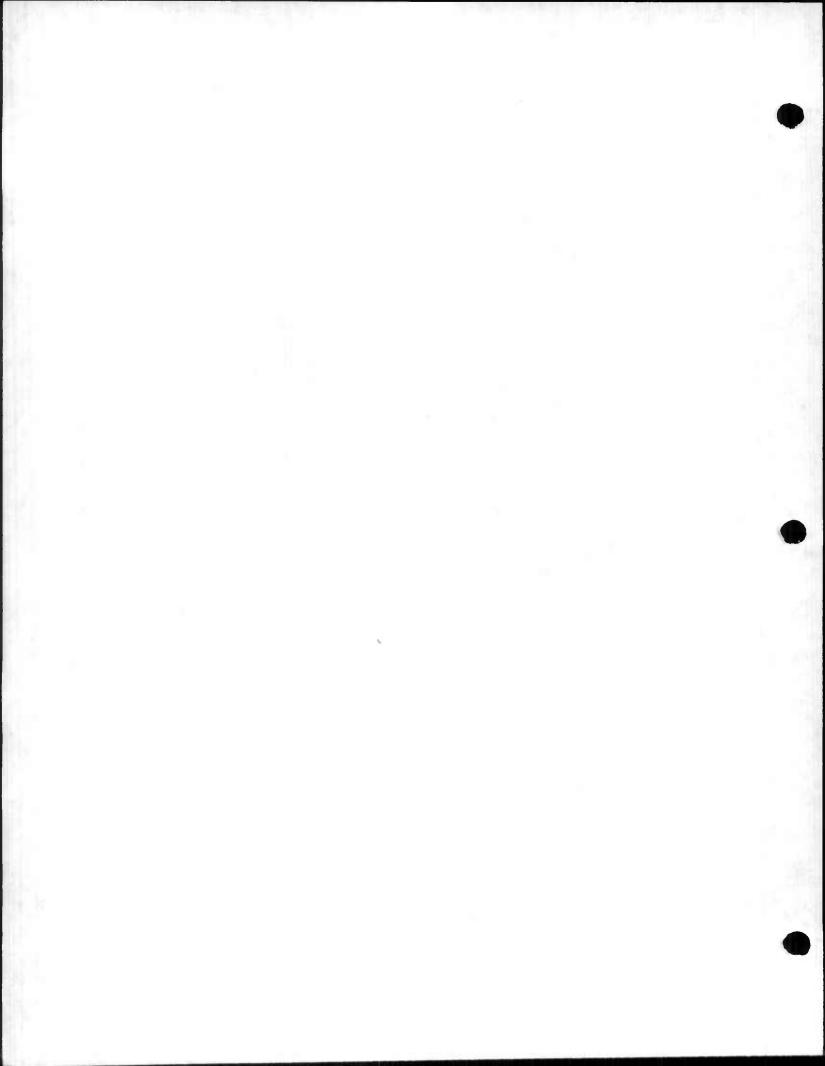
## VOID CERTIFICATE #

96-05677

SEE

CERTIFICATE M

96-04235



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 05678 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month 1996 **Physician** CHARLES W. BUECHE 4:47 PM FEBRUARY /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Johns Hopkins Bayview Medical Center Baltimore 6. Sex 1 → M 2 □ F If Under 1 Yeer | If Under 24 Hrs. | Months | Devs | Hours | Min. | 8. Dete of Birth (Month, Day, Year)
11/14/1935

8. Birthplece (State or Country)
Baltimore 5. Sociei Security Number 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** Deys 219-32-7495 60 Yrs **Director** Usual Residence of Decedent with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other treumstic event, the Medical Examiner must be notified at MD. Baltimore 1 Yes 2 No Director 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 21224 permit. Pages 1 and 2 should be filed within 72 hours after death w
Department of Heelith and Mental Hygiene.
Important: If Item 27 is marked other than "naturelt, or itema 23a
any Injury or other treumatic event, the Medical Exercise. 19 N. Decker Ave. U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 14. Rece - American Indien, Biack, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White P 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Time Keeper/Security Hotel 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) 19e. Informent's Neme/Relationship (Type, Print) 19b. Meliing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Martha C. Bueche/ wife 19 N. Decker Ave. Balto. MD. 21224 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from State Chesapeake Crematory 2-2996 Beltsville, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service License 22. Name end Address of Facility Moran-Ashton Funeral Home, Inc 3000 East Baltimore St. Balto. MD. 21224 23a. Pert1. Enter the disease, or compilications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or hear fellure. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** immediete Ceuse (Finei diseese or condition resulting in deeth) /Medical ABDOMINAL ADRITIC ANGURYSM Examiner Due to (or es e consequence of): Examiner ADKTO WAR OCCUSIVE DISENSE attending physician end for use as the burial-transit that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 No 3 Probably 4 Unknown FAILURF RENAL à 24b. Were autopsy findings evailable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed page 2 has 2 8 No 1 ☐ Yes 2 ☐ No certificate Division of Vital 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2√ No 2 1 Inpatient 2 ER/Outpetient 3 DOA this 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After l or Attending Patter death. Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 24 hours 29e. Certifier Medical 🖄 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) end menner steted. (Check only one) within 2 29d. Date signed (Month, Dey, Year) 29b. Signeture and little-of certifier 29c. License number MD PhD N1342 FEBRUARY 24, 1996

State Registrar

RICHARD

30. Name and address of person who completed cause of deeth (item 23a) (Type, Print)

CLATTERBUCK MD PhD

DEPT. SURLIERY

JUHNS HOPKINS

BALTMORE MP



and tells below good myste, a garego ways

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96 05679

			_		Cert	ilicate of	Deam		Reg.	No.					
Physici	an	Decedent's Neme (First, Middle, La	st)					2, Det Mo	e of Deeth	Dev \	/aer	3. Time of Death			
/Medic		LARKIN HAMI	LTON	BIRMIN	IGHAN			FEE	RUARY	28 <b>,</b> 1		12:45 AM			
Examir	ıer	4a. Fecility Neme (If not Institution, give	ra street and number)				4b. City, Tov	vn, or Location of	of Deeth	4c. County of	Deeth				
		THE JOHNS HOPK						ORE CIT							
Funeral		The second secon	IX) M 2 T F	(In yrs. lest bii	rthday)_ Yrs.	If Undar 1 Yaar Months Deys	If Undar 2 Hours	Min. 8. Det	e of Birth nth, Dey, Ye	ar)	9. Birthpl Count	ece (Stete or Foreign try)			
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2 3		10e. Stete 10b. County		10c. City, Tow	n or Loc	ation	<u> </u>				10	Od. Inside City Limits			
and the Marial Hygiens.  1.27 is marked other than "naturel", or items 23s or 28s-f show for traumatic event, the Medical Examinar must be notified at	ō	Md. Carro	11	West	min	ster					1 ☐ Yes ¾☐No				
7.88 TOT	Director	10e. Streef and Number				10f. Zip Code			10g.	at Count	trv?				
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tal tyglene. d other than "naturel", or items 23s or 28s-f show event, the Medical Examiner must be notified at	Funeral	11. Merifel Stetus  12. Was Decedent Ever in U,S. Armed Forcas?  13. Wes Decedant of Hispanic Origin? (See Specify Cuban, Mexican, Puer								14. Race					
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Evan	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yaar or Datas:		11	□Yes 2X0X0No	Specify:			Specify:	Whi	te			
netur Ilea	Completed	15. Decedent's E (Specify only highest gro	ducation	16e	. Decede	ent's Usuel Occup ind of work done	petion	of working	16b	. Kind of Busi	ness/Ind	ustry			
Med	nple	Elementery/Secondery (0-12)	College (1-4or 5-		life. De	O NOT use retire	d)	or working		_					
	Co	High School	_	S	ale	S				Fo					
to D	Be	17. Father's Neme (First, Middle, Last				18. Mother	r's Name (First,	Middle, Meid	den Sumema)	)					
arke etic	10	Larkin H. Birmingham, Jr. Anna Ste							einer						
7 is marke traumatic		19e. Informent's Neme/Reletionship (								er, City or Town, State, Zip Code)					
tem 27 other tr		Virginia Ann E	irmingha				Drive				Md. 21157				
20		20e. Method of Disposition  1 St Burial 2 Cremetion 3 D	Removel from Steta	camete	ry, cremi	ition (Neme of etory or other ple	-	Dete			ocation - City or Town, State				
Important: if any injury or spcs.		4 ☐ Donetion 5 ☐ Other (Special	y)	Crest								tsville			
Important: if item any injury or othe 2008.		21. Signature of Funerel Servica Licensee  22. Name end Address of Facility Haight Funeral Home  P. O. P. S. S. S. S. S. S. S. S. S. S. S. S. S.													
E # 0		Blan O. Haight P.O. Box 195 Sykesville, Md. 21784													
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P P	Cert	4 🗆 Homode	building, etc.	(Specify)				City	or rown, s	1010/					
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	X	30. Neme end eddress of person who	completed cause of de	eth (Item 23e)	(Type, P	riot)									
	10	Jill R. Scho	field m	1 501	LAR	Hulki	as Ho	spital	Balt	imere	MO	21287			
Sta		31. Dete filed (Month, Day, Year) MAR 01 1996	Registrer	s Signeture	1.1	-									
Registr	ar	MAK a T 1336	James alau	ever-her	tall										

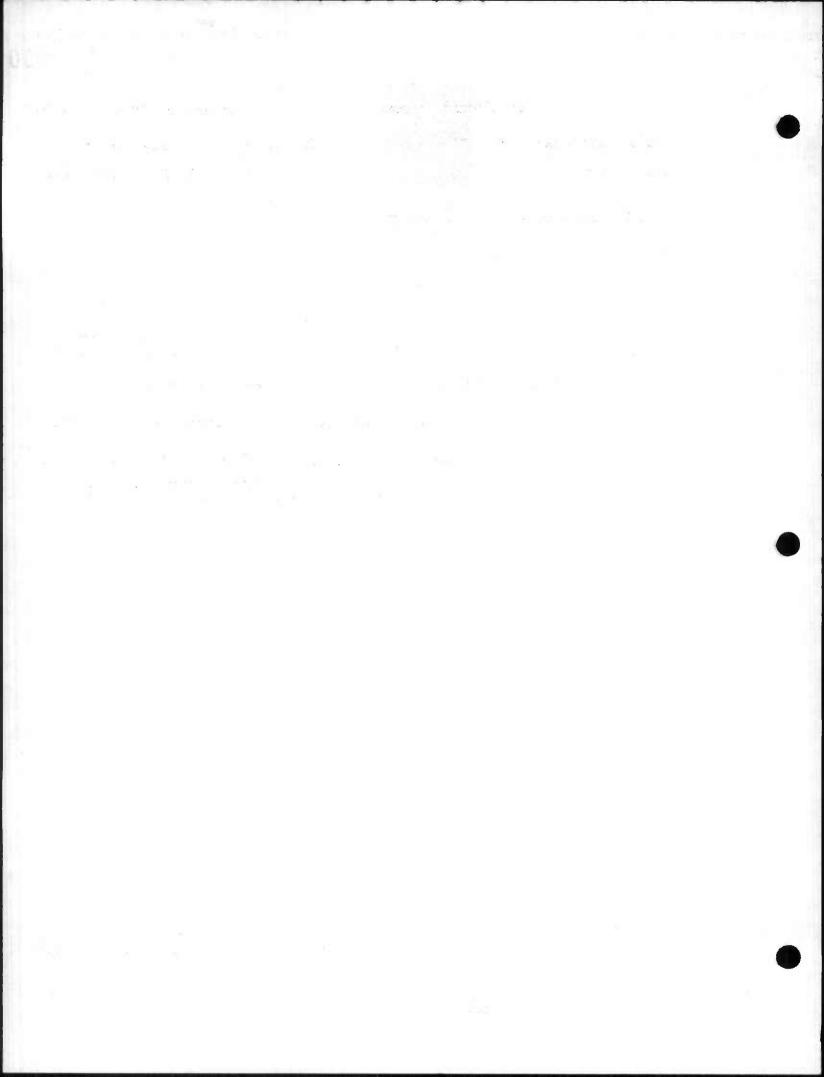
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State of Maryland / Department of Health and Mental Hygiene

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	Physic		Decedent's Nama (First, Middla,	a (	Clin	e				2. Data of De Month Februa	Day	Year 1996		na of Death				
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	Exami	ner	5315 Patrick															
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	128 th	9	10e. Street and Number					10f. Zlp C	Coda				10g. Citizen of	What Count	ry?			
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5-0020 T2 hours after deeth with the Maryland naturel; or Neme 23s or 25s-1 show see Examinet must be notified at	Jeeth Tra 2	Funeral Director	11. Marital Status	12. Was De	cedant Evar in	n U.S.	13. Wa				igin? (Sp	ecify Yas or No		ice - Amarica	n India	n.		
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0	H de the	Bec	17. Father's Nama (First, Middla, Last)							18. Moth	ar's Nam	a (First, Middla,	Maidan Sume	me)				
<u>a</u>	d be some	ToB	Antone Quintal Ex							velyn Guerreiro								
2	mar mar	-	19a. Informant's Name/Ralationsh	p (Type, Print)		19b.	Mailing	Address (	Street	end Numb	er or Rui	el Routa Numb	er. City or Tow	n, Stata, Zip	Code)			
Baltimore, Maryland 21215-0020 pemit. Peges I and 2 should be filed within 72 hours after deeth with the Marylen Deportment of Heelth and Mentel Hygiene. Important: If them 27 is marked other than "naturel; or itema 23s or 28s-1 ehow any injury or other traumatic event, the Med cal Examiner man be notified at	od 2 lith e		May McComas			52	06 -	- 4th	ı St	reet		Baltimo	ore, Ma	rvland	1 21	225		
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68/60,		/Medical Examiner																
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5	that the de- led by the e deteched t	Physician	Part II. Other significant condition	s contributing to	death but not a	rasulting In	tha unda	larlying cau	usa giv	an in Part	l.	23b. Did	tobacco use c	ontribute to	the car	A 4		
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O & 5 E	ding Ph h. After thi funeral	ation: To	1									oma 5A Rasidance 6 Othar (Specify) 28d. Describe how injury occurred						
5		Certification:											Number,					
	To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by	edical	29a. Certifier 1 Certifying (Check only one) 2 Madical E	Physician: To the caminar: On the lend man	e bast of my k basis of axami nnar stated.	nowledge, ination and	deeth o	occurred et stigation, in	tha tim	na, data an pinion, des	d plece, th occur	and due to the red at tha tima,	cause(s) end n data and piace	nennar as sta , and dua to	nted. tha cau	sa(s)		
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State of Maryland / Department of Health and Mental Hygiene

05681 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Mooth EB. **Physician** 23°, 1996 JAMES CAIN 9:35PM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BON SECOUR HOSPITAL BALTO. CITY BALTIMORE If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 100 M 2□ F Days Months 48 Yrs. 218-48-2953 MD Director 11-5-1947 Usual Rasidance of Dacadant Pages 1 end 2 should be filed within 72 hours efter death with the Maryland nent of Health end Mental Hygiene. Int: If fem 27 is marked other than "naturel", or items 23s or 28s-f show 10a Stata 10b Count 10c. City, Town or Location 10d. Inside City Limits the Medical Examiner must be notified at MD BALTO. CITY BALTIMORE 1 Nyas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3418 HOLMES AVE. 21217 U.S.A. Funeral Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐X No Specify: Specify: AFR. AMERICAN þ 3 Widowed 4 Divorced Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry College (1-4or 5+) Elemantary/Secondary (0-12) MANAGER WESTINGHOUSE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) HALLIE CAIN MARIE JOHNSON 2 19a. Intormant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Department of Health el Important: If Item 27 la may injury or other trac MARIE CAIN (MOTHER) 3418 HOLMES AVE. BALTO. MD 21217 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata WOODLAWN CEM. 2/29/1996 BALTO. MD 4 Donation 5 Other (Specify) 21. Signatum of Euperal Service Licer ESTEPABROTFIER'S FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 art1. Enter the disea hook, or heart failure Do not antar tha moda of dying, such as cardiac or raspiratory arrest, Approximate Interval Batwe Onsat and Death **Physician** /Medical Immediata Causa (Final SEPSIS disaasa or condition rasulting in deeth) Examiner Dua to (or es e consequança of): BILATERAL PNEUMONIA Examiner physician and s the burial-transit The law requires that the deeth certificets be axecuted Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Diseese or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, ADULT RESPIRATORY DISTRESS SYNDROME Physician/Medical Dua to (or as a consequence of): attending pl signed by the aid be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probebly 4 ☐ Unknown þ Completed 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? rector, page 2 s 1 ☐ Yas 20 No Hospital or Attending Physician: 3 24 hours aftar death.
Funeral Director: After this certifice etely filled in by the funeral director. 25. Was casa ratarred to medical Be 26. Pleca of Death (Check only one) Hospital: 1 Inpatiant 2 EP/Outpatiant 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 ☐ Yas 2 No Certification: To 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred N/A 1 Natural
2 Accidant 5 Pending Invastigation N/A N/A 1 ☐ Yas 2 ☐ No N/A 3 Suicide 6 Could not be datarmined Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funerel Completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and dua to the causa(s) and manner as stated.

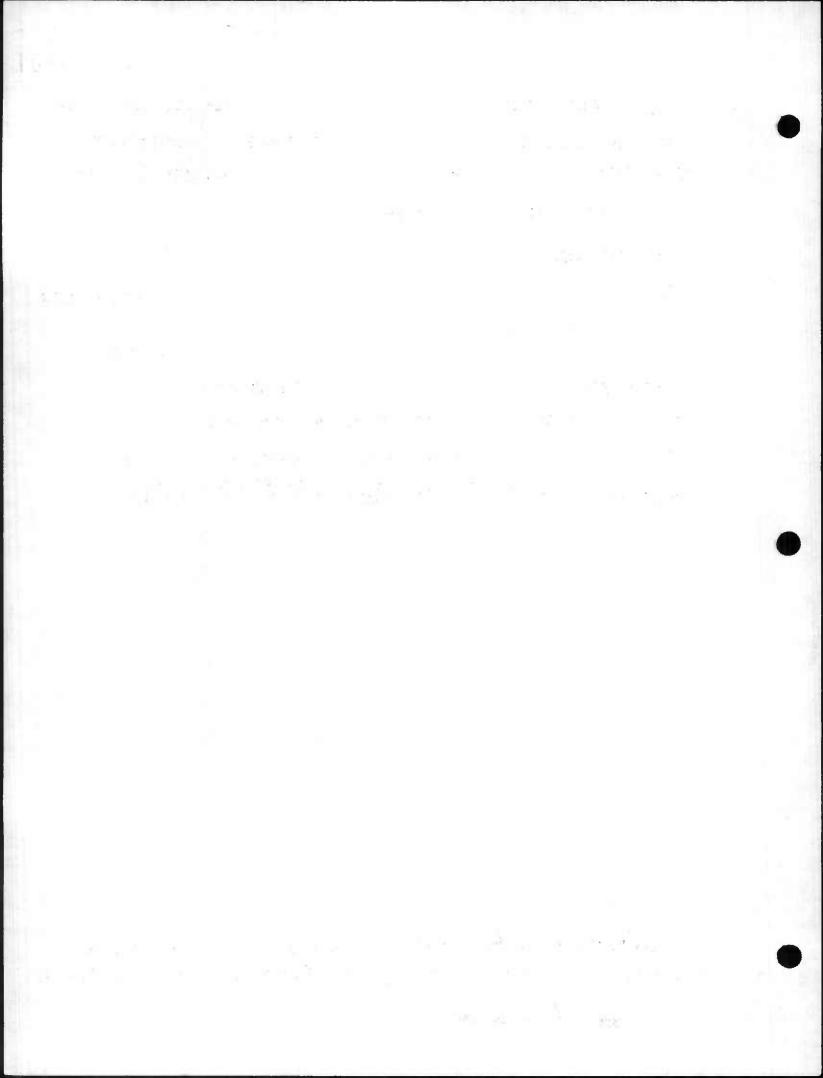
2 Madicat Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the time, date and piece, and dua to the cause(s) and mannar stated. 29a. Certiflar Medical 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) althan MW MARCH 1,1996 Address of person una complete person place the Maria Politica Printing Cant Fart Avenue, Bultimore Md 21230. 31. Deta tiled (Month, Day, Year) 32. Registrar's Signatura State

Julia Davidon-Randelle

1996

**DHMH 16 Rev 6/95** 

Registrar



State of Maryland / Department of Health and Mental Hygiene

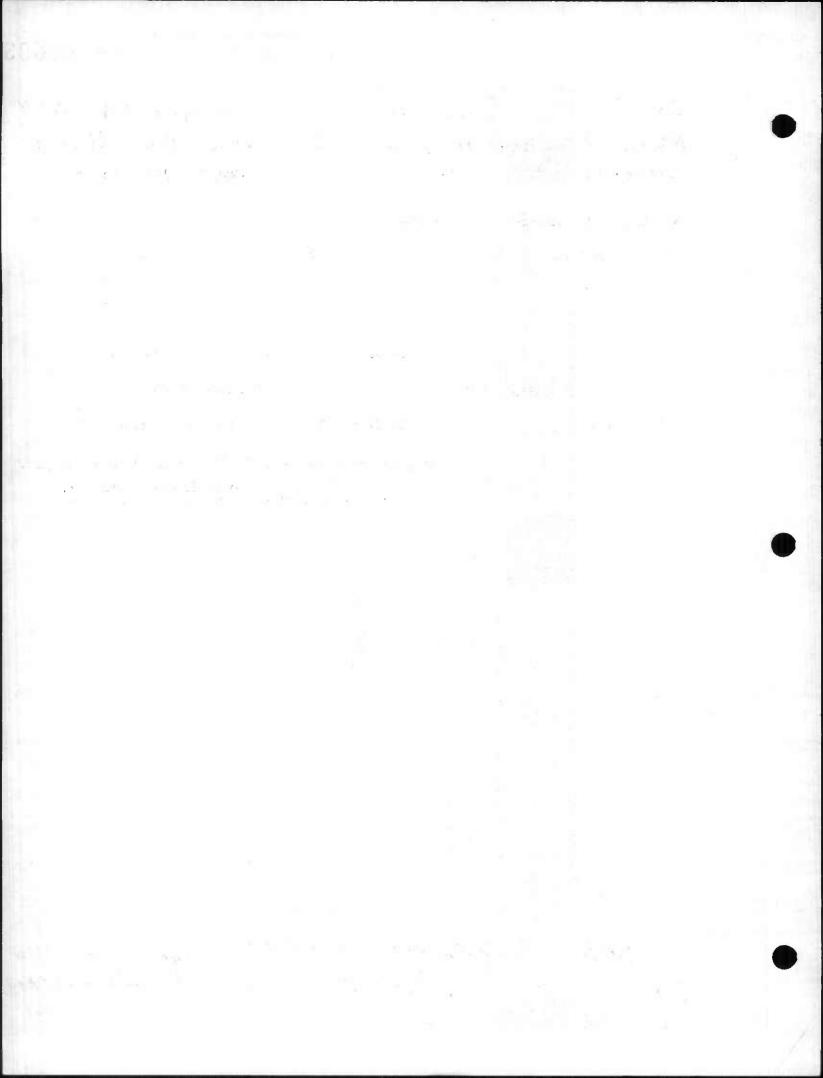
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						Cert	tificate of	Death	,	Reg. No.			
	Physic	ian	1. Decedent's Nema (First, Middle, La RICHARD	IN CEN T		Col	BURN	/	2. Data of Dea Month	nth Dey	Yaar	3. Time of 0	
	/Medi		4a. Facility Name (If not institution, give					4b. City. Town, or	C 2 Location of Death		76 of Death	4.33	4
4	Exami	ner	SETON HILL MANO					BALTIN		40. County	OI DOGUIT		
	Funeral		5. Social Security Number 6. S		e (In yrs. last b	irthday)	If Under 1 Yae Months Deys	r if Undar 24 Hrs	8. Dete of Birt	25 19		olace (Stata or	Foreign
	Director		Usuai Rasidence of Decedent	^	02				oc cobe	25 19	13 MA	KILAND	
	Mend Mend		10a. Stata 10b. County		10c. City, To	wn or Loca	ation				1	10d. fnsida City	/ Limits
	Man Fied	to	MARYLAND CARROLL		WEST	MINS	TER					1 Yas	2 No
	or 28	Director	10a. Street and Number				10f. Zip Code		10g. Citizen of What Country			ntry?	
	th wil	100	656 Whispering M	eadows Ct.			2115	8		US	A		
	dea T	Funeral	11. Meritei Status	12. Wes Decedant I Armed Forces?,	Ever in U,S.	13. W	es Decedent of	Hispanic Origin? (5 ben, Maxican, Puar	Specify Yes or No-	14. Rao	e - Amaric	can Indian,	
21215-0020	within 72 hours after death with the Marylend ene. than "naturel", or items 23s or 28s-f show he Medical Evarrant must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 □ Yas 2 0 1 If Yas, Giva Year or Datas:	40	101			to thoself, alony	Specify		ite	
5-0	72 ho	pete	15. Decedent's Ed (Specify only highast gra	ducation	16	. Deceda	ant's Usuai Occi	upation	aklaa	16b. Kind of Bu	usinass/In	dustry	3
121	d within piene. r than	Completed	Elementary/Secondary (0-12)	College (1-4or 5	i+)			a during most of wo	1	D		C1	
2	filed with Hygiene. ther than		12		De	live	ry Iru	ck Driver	Paral Routa Number, City or Town, State, Zip Code) Glen Burnie, Md. 21061				
Maryland	장토장	Be	17. Fether's Neme (First, Middla, Last,		oburn			18. Mother's Na	me (First, Middla,	Maiden Sumam	ie)		
2	d 2 should be f th and Mental I 7 Is marked of traumatic eve	10	19a. informant's Neme/Ralationship (			hi hilailis a	A dd (Ot			- 0% T	01.45.71	0.41	
Ma	d 2 g												
ē,	- P E E		Mary E. Smith 20a. Mathod of Disposition		20b. Place	of Disposi	Shetla ition (Nama of		Data Dur				
Baltimore,	parmit. Pages 1 a Department of Her Important: If item eny injury or othe		1 🕅 Burial 2 □ Crametion 3 □ 4 □ Donation 5 □ Othar (Specif	Ramovai from State			atory or other pl Cemeter		2/27/96		ykesville, Md.		
Balt	Departr Departr Importu eny Inj		21. Signature of Funeral Service Licer	nseg/			Nama and Add		Home PA				
		3111 Mountain Rd Pasadena Md 21											
	Physician		23a. Part1. Enter the disease, or com shock, or heart failure. List only	ns that caused a causa on aach iir	tha daath. Do na.	not anter	r the mode of dy	ring, such as cardia	c or respiratory en	rést,	i	Approximate Interval Betwo Onset end De	een
	Physician /Medical		Immediata Causa (Finel	CHRONIC	OR	· T A	20711	- Pin m	10.10V	D.C. A	CA-	Onset end De	eath
	/Medical Examiner		disease or condition rasulting in death)	a.	0.63	1 K						MON	74
	15.80	ē			Dua to (or as a	consequ	ence of):	WITH	BRON	JCH1711	5		
	ficete be axecuted physician and as the bunel-transit	Examiner	Conventionly list conditions	b	Due to (or as a	consequ	ience of).				i		
oʻ	an an riel-tr		Sequentielly list conditions, if any, leading to immadiate cause. Enter Undarlying Causa (Disaase or injury		000 10 (01 00 0	oonsoqu	arioo oij.				i		
68760,	ysici	Ical	Causa (Disaase or injury that initiated evants rasulting in daath) Lest	c	Dua to (or as a	conseque	ance of):				-		
x 68	5 5 0	Medical	rasuling in daalii, cest										
Bo	attendin for use	Physician/		d									
0	t the dea	/slc	Part il. Other significant conditiona c							obacco use co	ntribute to	o the cause of	death?
Δ.	ed by detac		RECURREN	T URI	NARY	1 7	RACT	INFECT	on X	res 2□ No	3 Prof	bably 4□U	nknown
d S	lres the signed d be de	l by								~~~			
Vitai Records,	v require been si should	Completed							24a. Was a	an autopsy med?	av	ara autopsy fin ailable prior to impletion of cal	
36	has t	Ig I										daath?	
ā	Page 1					-0.			1 🗆 Y	es 200No	10	□Yas 2□N	lo
Ħ	Physician: The this certificate ral director, pag	a B	25. Was case refarred to medical axaminer?	Hospital:			0		eth (Check only o				
o	this aldi	- To	1 ☐ Yas 21 ☐ No 27. Mannar of Deeth	1 LI Inpatia		utpatient Time of	3LJ DOA	Nursing I	Home 5 Resid			у)	
הס	After fune	lo l	Netural 5 Pending	28a. Data of fnjur (Month, Da)	Year) 280.	Injury	28c. inj W	ork? ☐ Yes 2 ☐ No	28d. Dascribe h	ow injury occur	60		
S	Attending or death.	lical	3 Suicida 6 Could not b		Inv. At home f	arm etras			28f. Location (S	treet and Numb	er or Run	al Bouta Numb	107
Division	or Attend after death Director: / d in by the i	Certification:	4 Homicida datarmined	building, atc	. (Specify)	aiii, stiec	at, lactory, office	•	City or Tow		or or riura	II FIODIA INDITIO	67,
	To the Hospital or Attend within 24 hours after deatl To the Funeral Director: completaly filled in by the	edical C	(Check only 2 Medical Exan	ysician: To the best o	f my knowledg	a, daath o	occurred at tha t	tima, data and piace	e, and dua to the durred at the time.	euse(s) and ma	nnar as s	tated.	
	To the F Within 2 To the F complet	5	201 2	and manner sta	ted.								
	5 1 5 00		29b. Signature end titla of certifiar	ioha na	8		D 2 4	se number		29d. Date signed	I (Month,	Day, Year)	
	1		The fe	are o in	"		020	0/9		726	170		
	1		30. Nama and addrass of person who	complated cause of da	ath (Itam 23e)	(Type, P	FU TA	W CT	BALTIM	ORE !	21	2190	1
			31. Data filed (Month, Day, Year)	IK H IVL	S X	/ / ·	20/11	7 7 -/.				~	<i>'</i>
	Sta Registr		The same in the same same same same same same same sam	2. Hegistra	r's Signatura	_							

DHMH 16 Rev 6/95

		State of Maryland	/ Department of Health as Certificate of Death	, 0	iene 96 0568
Physic /Med Exami	lical	4a. Facility Name (If not institution, give street and number)	1 1 01 1	2. Data of Death Month February m, or Location of Death	127 1996 4:00 PM
Funeral Director		5. Sociel Security Number 217 52 4162 6. Sax 12	t birthday) If Undar 1 Year If Under 24 Yrs. Months Deys Hours	Sugne 4 Hrs. 8. Dete of Birth Min. (Month, Day, May 22,	9 Birtholace (State or Foreign
Naryland	Director	Maryland Anne Arundel Pas	own or Location		10d. Insida City Limits 1 ☐ Yas 2 ☒ No
a 23a or 2	eral Dire	1561 Colony Road	10f. Zip Coda 21122		0g. Citizan of Whet Country?
ours aftar de rel', or item Examiner	by Funeral	11. Maritel Status  1 □ Never Married 2 Married  3 □ Widowad 4 □ Divorced  12. Wes Decedent Evar in U,S. Armed Forcas?  1 □ Yas 2 No If Yas, Giva Year or Dates:	13. Wes Decedent of Hispenic Origing If Yas, specify Cuban, Maxican,  1 ☐ Yes 2 ☑ No Specify:	Puerto Rican, etc.)	14. Rece - American Indien, Black, Whita, atc.  Specify: White
be filed within 72 hours aftar death with the Maryland stal Hyglene.  d other than "naturel", or items 23a or 28e-f show event, the Macilcal Examiner must be notified at	Completed	15. Decedant's Education (Specify only highest grade complated)  Elamentary/Secondary (0-12) Collega (1-4or 5+) 12th	Decedant's Usual Occupation     (Giva kind of work done during most of     ilfa. DO NOT usa retired)     Owner	of working	16b. Kind of Bueiness/Industry  Restaurant
should be filed withing the Mental Hygiene.  I marked other than umatic event, I'm Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Mental Men	To Be C	17. Fether's Neme (First, Middla, Last)  Joseph Kozlowsk		's Nama (First, Middla, N Frances V	
es 1 and 2: of Haalth at I item 27 is r other trac		Vicky Dickson  20a. Method of Disposition 1 XBurial 2 Cramation 3 Ramovel from Stata	19b. Mailing Addrass (Straat and Number 1561 Colony Road e of Disposition (Nama of atary, cramatory or othar place)	Pasadena Data 2	City or Town, Stata, Zip Coda)  a, Maryland 21122  20c. Location - City or Town, Stata
permit. Pag Department Important: It any injury o		4 Donation 5 Other (Specify) Gler  21. Signeture of Funaral Service Leanses	22. Nama and Addrass of Facility 4001 Ritchie Hig	Gonce Fu	Glen Burnie, Marylanduneral Home P.A.
The law requires that the death certificate be associated with the law of the attending physician and page 2 should be detached for use as the buriel-transit	edicai Examiner	Sequentially list conditions, if any, leading to immadiate cause. Entar Undarfying Cause (Disease or Injury that bidited events.	s a consequence of):  A  s a consequence of):  A  t a consequence of):	arolac or raspiratory arra	Approximata intraval Batween Onset and Deeth  2 DAYS  2 DAYS  2 DAYS
as that the death gned by the atte be detached for	by Physician/M	Pert tt. Other significant conditions contributing to death but not resulting the Contributing to death but not resulting the Contributing to death but not resulting the Contributing to death but not resulting the Contributing to death but not resulting the Contributing to death but not resulting the Contributing to death but not resulting the Contributing to death but not resulting the Contributing to death but not resulting the Contributing to death but not resulting the Contributing to death but not resulting the Contributing to death but not resulting the Contributing the C	ng in tha underlying cause given in Pert I.		bacco use contribute to the cause of death?
	Completed			24a. Was ar perform 1 ☐ Ya	available prior to completion of cause of death?
il or Attending Physicien: The lea efter death. Director: After this cartificate has d in by the funeral director, page 2	Certification: To Be		/Outpatient 3 DOA Other: 4 Nurs ib. Tima of Injury M 28c. Injury at Work?  M 1 Yas 2 No	28d. Dascribe ho	nce 6 □Othar (Specify) w Injury occurred  reet and Number or Rural Route Number,
To the Hospital or A within 24 hours after To the Funeral Direct Completely filled in b	Medical Ce	29a. Certifiar (Check only one)  12 Certifying Physician: To the best of my knowla (2 Medicat Examinar: On the best of axamination and mannar stated.  29b. Signature and title of certifier	and/or invastigation, in my opinion, daath  29c. License number	occurred at the time, de	ata and place, and dua to tha causa(s)  ad. Data signed (Month, Dey, Year)
.7		30. Nama and addrass of person who complated cause of death (Itam 23	m1 028 C	VI Fe	v Burn, Elynge

Registrar DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

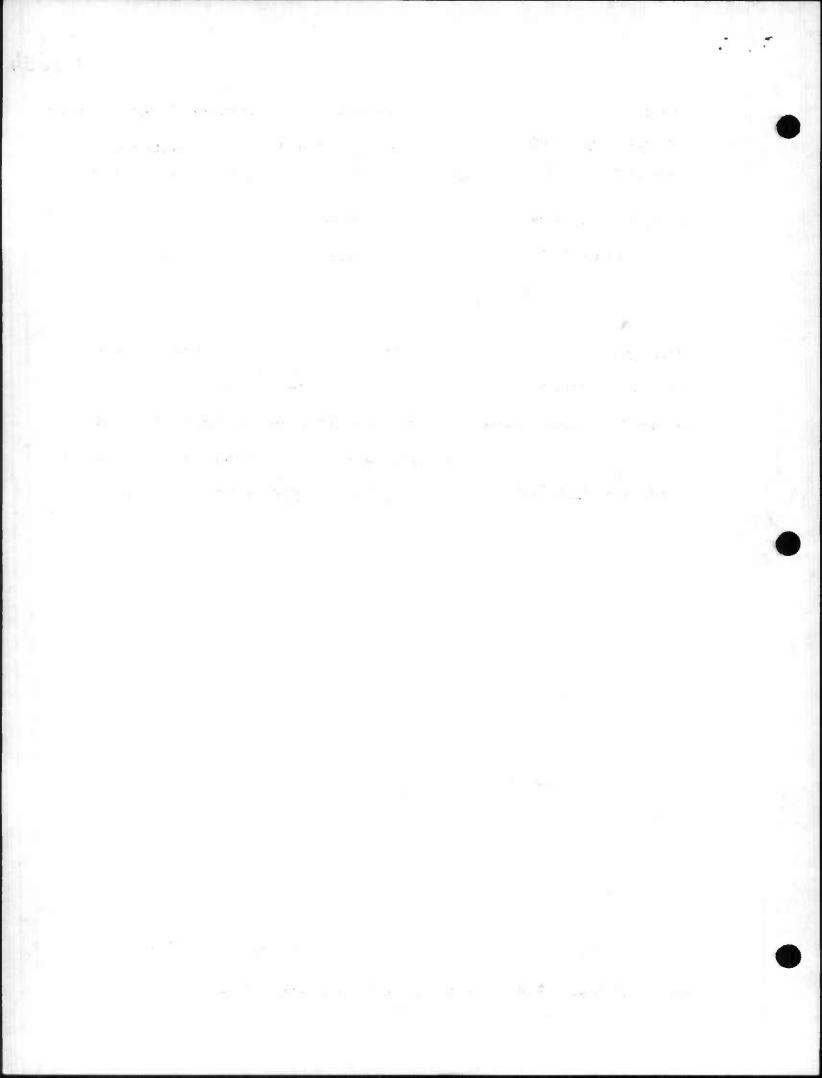
05684 Itemi, Film733, 3/1/96, 1t Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death CARROLL **Physician** Month Yeer -6-Roland DUNAWAY 29 1996 February 2:30 am /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Baltimore If Undar 1 Yaer If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Baltimore 5. Social Security Number 7. Aga (In yrs. last birthday) Birthpleca (Stete or Foreign Country) **Funeral** 1 X M 2 □ F Yrs. 578-18-4775 Virginia Director 76 Usual Residence of Decedent tha Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Baltimore Director Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with ò Herns 23a 9203 Santa Rita Road 21236 U.S.A. Funeral Pagas 1 and 2 should be filed within 72 hours after death nant of Haalth and Mental Hygiene. Int: If Itam 27 Is marked other than "natural", or Items 23 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☑ Yes 2 ☐ No If Yas, Giva Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Rece - American Indian, Bleck, White, atc. 1 Nevar Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: White lf Yas, Giva Yeer or Datas: WW II þ 3 Widowad 4 Divorced Completed 15. Decedant's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation 16b. Kind of Businass/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) Defense Contractor Planner 12th grade 17. Father's Neme (First, Middle, Last) permit. Pagas 1 and 2 should be file Department of Haalth and Mental Hy Important: If Itam 27 Is marked othe any Injury or other traumatic event once. 18. Mother's Neme ( Be Allie Cadonia Luckham Carroll Fax Dunaway -Carroll - Dunaway Alva **Lucham** 19e. informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 9203 Santa Rita Road, Baltimore, MD 21236 Lillian H. Dunaway (wife) 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State N Buriai 2 ☐ Cremetion 3 ☐ Removel from Stete 3/2/96 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Parkwood Cemetery 21. Signature of Fugural Service Licenses 22. Nama end Addrass of Facility Schimunek Funeral Homes, Inc. 23a Part 1. Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medicai Immediete Causa (Finel Sepsis 3 days diseese or condition rasulting in deeth) Examiner Dua to (or es a consequence of): Chronic lymphocytic leukemia The law requires that the death cartificate be executed Sequantielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as e consequence of): pue physician at Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) for use as signed by the aid be datached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 200 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings aveilabla prior to complation of cause of death? Be Completed 24e. Wes an eutopsy certificata has b lirector, page 2 s 1 Tas 20 No 1 ☐ Yas 2 ☐ No Attending Physician: 25. Wes case referred to medical examiner? director, 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) As aftar dea... ٩ 1 Yes 2 No 17 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 4 Homicide ò within 24 hours a To the Funeral I pellil Hospital 12Xertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner steted. Medicai completaly (Check only one) the th 29b. Signatura and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) one am AF2328412-1923 30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print) Dr. Joseph Kaplan 9000 Franklin Square Drive Baltimore MD 21237
31. Date filed (Month, Dey, Year)

MAR 1 1996

32. Registrers Signeture

And Son-Randelle State Registrar



State	of Maryland /	Department	of Health ar	nd Mental H	ygiene	(
		Cortificate	of Doath			-

			State of Maryland	Certificate of		entai mygien Reg. N	91	0568
Physic /Medi	cal	Decedent'a Name (First, Middle, Last)     VIOLA     4a. Facility Name (If not Institution, give s		DUK		EBRUARY	25,1996	3. Time of Death
Exami Funeral Director	ner	LIBERTY MEDICAL  5. Social Security Number 6. Sex	CENTER E.R.	В	ALTIMORE	CITY  B. Date of Birth  Month, Day, Year	c. County of Death  A  9. Birth  Cou	place (State or Foreign arr)
deeth with the Maryland ms 23a or 28a-f show r man be notified at	Director	10a. State 10b. County  NA  10e. Street and Number	10c. City,	Town or Location  A		10g. C	filzen of What Cour	10d. Inside City Limits 1 ØYes 2 □ No
ges 1 and 2 should be filed within 72 hours efter deeth with the Marylan at of Health end Mental Hygiene. If them 27 is marked other than "natural", or frems 23s or 28s-4 show or other traumatic avant, the Medical Examiner must be notified as	by Funeral Director	11. Marital Status  1 Never Married 2 Married  3 Novidowed 4 Divorced	2 Was Decedent Ever In U,S Armed Forces? 1 Yes 2 Mo If Yes, Give Year of Dates:	. 13. Was Decedent of H If Yes, specify Cubi	lispanic Origin? (Spec an, Mexicen, Puerto R Specify:	ify Yes or No- ican, etc.)	14. Race - Americ Black, White, Specify: 75/	
d within 72 hou giene. or than "natura", the Medical E	Completed by	15. Decedent's Educ (Specify only highest grade Elementary/Secondery (0-12)	etion	16a. Decedent's Usual Occup (Give kind of work done life. DO NOT use retired	etion during most of working	16b. l	Kind of Business/In	dustry
2 should be filed end Mental Hygis a marked other aumatic avant, to	To Be	17. Father's Name (First, Middle, Last)  MARVIN DUR	6555		18. Mother's Name	BURG	5555	
permit. Peges 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: If Item 27 is marked other than may Injury or other traumatic avant, the Mandos.		19a. Informant's Name/Relationship (Ty  20a. Method of Disposition  1 Burlal 2 Cemation 3 R  4 Donation 5 Dother (Specify)	m750N 20b. Pla	19b. Mailing Address (Street  152)  ce of Disposition (Name of netery, cremetory or other plan  772000	WEY!	9VE, BA	DO WWW.	21215
Physician		21. Signature of Funeral Service License 23a. Part County of Gase, or combination, or heart failure. List only on	ms	Do not enter the mode of dyir	YNATION g, such as cerdiec or	PAGG Trespiretory arrest,	ipno Pi	7, 21229 Approximate Interval Between Onset and Death
/Medical Examiner	er	Immediate Cause (Final disease or condition resulting in death)	Arterioscle Due to (or a	erotic Cardi	ovascula	r Diseas	se	
leath certificate be executed attending physician and I for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Last		as a consequence of):				
t the d by the tached	Physician/M	Part II. Other significant conditions conditions conditions Diabetes Mellit		ing in the underlying ceuse giv	en in Part I.	23b. Did tobacc		o the cause of death
e law requires has been sign ge 2 should be	Completed by	Diabetes Meill	us			24a. Was an aut performed?	ION of	ere autopsy findings allable prior to impletion of ceuse death?
	BeC	25. Wes case referred to medicel			26. Place of Death	3.30		
5 0 0	ဥ	A Tes 2 No		R/Outpatient X DOA Oth	4 LI Nursing Hom	e 5 🗆 Residence		(y)
After fune	Certification:	27. Manner of Death  1 Datural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Dey Year)	8b. Time of Injury Mor 1  e, farm, street, factory, office	Yes 2 □ No	3d. Describe how inj		al Route Number
To the Hospins after deap within 24 hours after deap To the Funeral Director: completely filled in by the		4 Homicide determined  29a. Certifier (Check only)  27 Medical Examin	building, etc. (Specify)  clan: To the best of my knowler: On the basis of examination	edge, death occurred at the tin	ne, date and piace, ar	City or Town, Ste	s) and manner as a	tated.
To the H within 24 To the Fo	Medical	29b. Signature and title of certifier	and manner stated.	29c. Licens			ate signed (Month,	
. A		1 aunto	KeM)	0.C.	M.E.	FEE	RUARY 2	5, 1996

111 Penn Street, Baltimore, Maryland 21201

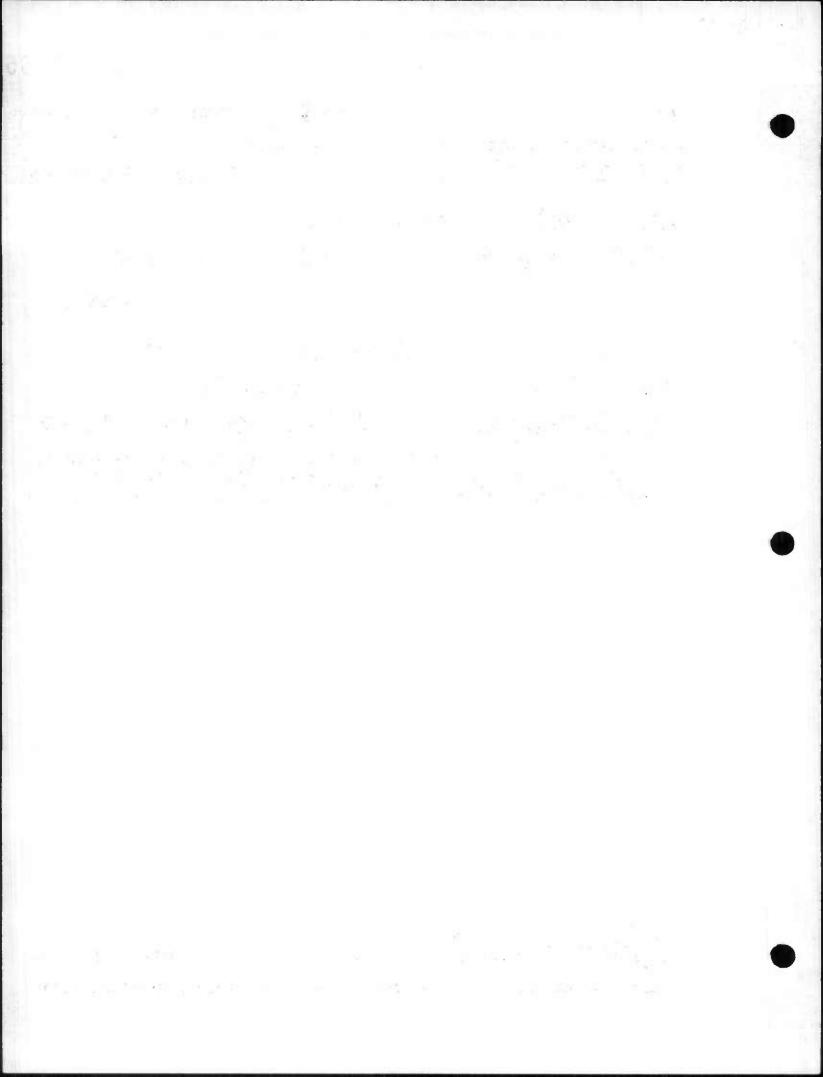
e and address of person who completed cause of death (Item 23a) (Type, Print)

J. Laron Locke M.D.

31. Date filed (Month, Dey, Yeer)

MAR 1 1996

State Registrar



DIVISION OF VITAL RECORDS, P.O. BOX 68760

29b. SIGNATURE AND TITLE OF CERTIFIER

TED MAR I 1996

HOUK

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7825 York Rd

32. DEGISTRAR'S SIGNATURE Davidson-Randall

BE

2

	. Pages 1, 2, 3 should		
ttending physician.	e as the burial-transit perm		
AN. The law requires that the death certificate be executed within 24 hours and an area 6 may be retained by the hospital or attending physical properties that the death certificate be executed within 24 hours are a second or attending physical content or attending physical c	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,		notified at once.
томи. Раде 6 may be	y the funeral director, page	noval.	item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
executed within 24 hours	n and completely filled in b	to burial, cremation, or rer	imatic event, the medi
hat the death certificate be	d by the attending physicia	hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation	ny injury, or other trac
ICIAN: The law requires to	certificate has been signed	the State Dept. of Health	, or Item 23 shows a
OR ATTENDING PHYS	DIRECTOR: After this	hours after death with	item 28 is marked

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S-NAME (First, Middle, Last) 3. TIME OF DEATN 46 9:30 PM Jeorge Ge 10 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 212-09-(Month, Day, ) 1 M 2 - F Maryland 9a. FACILITY NAME (If not institu 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Manor Care are DIRECTOR Musion) 12 owson emore 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY PW Balto. Rosedale 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rd. 1824 ELLINWOOD USA 21235 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify. Specify: BY 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) American Can Company ASST. CHIEF CLERK 4 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William De Gele BARBARA HERIG BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) 2 PHILIP J. DeGele WellingTON WAY BALDWIN, MD. 21013 20a. METNOD OF DISPOSITION

1 Method 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OAKLAWN Cemetery 4 Donation 5 Other (Specify) 24,1996 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Memories Haveit 21234 8800 HARFORD Rd 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onset and Daath IMMEDIATE CAUSE (Final diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ما ca 7619 MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initieted eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗌 NO 🖪 UNCERTAIN 🗍 PHYSICIAN: 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL OTHER:
4 Mursing Nome 5 Rasidence 8 Other (Specify) 1 YES 2 1 NO Inputiant 2 ER/Outputiant 3 DOA 28c. INJURY AT WORK?

1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation BΥ 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER (Check only one)

1 CERTIFUNG PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner se stated. TO THE HOSPITAL O
TO THE FUNERAL DI
be filed within 72 ho
IMPORTANT: If ite 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

29c. LICENSE NUMBER

54110

Lutherville, Md. 21093

29d. DATE SIGNED (Month, Day, Year)

C.

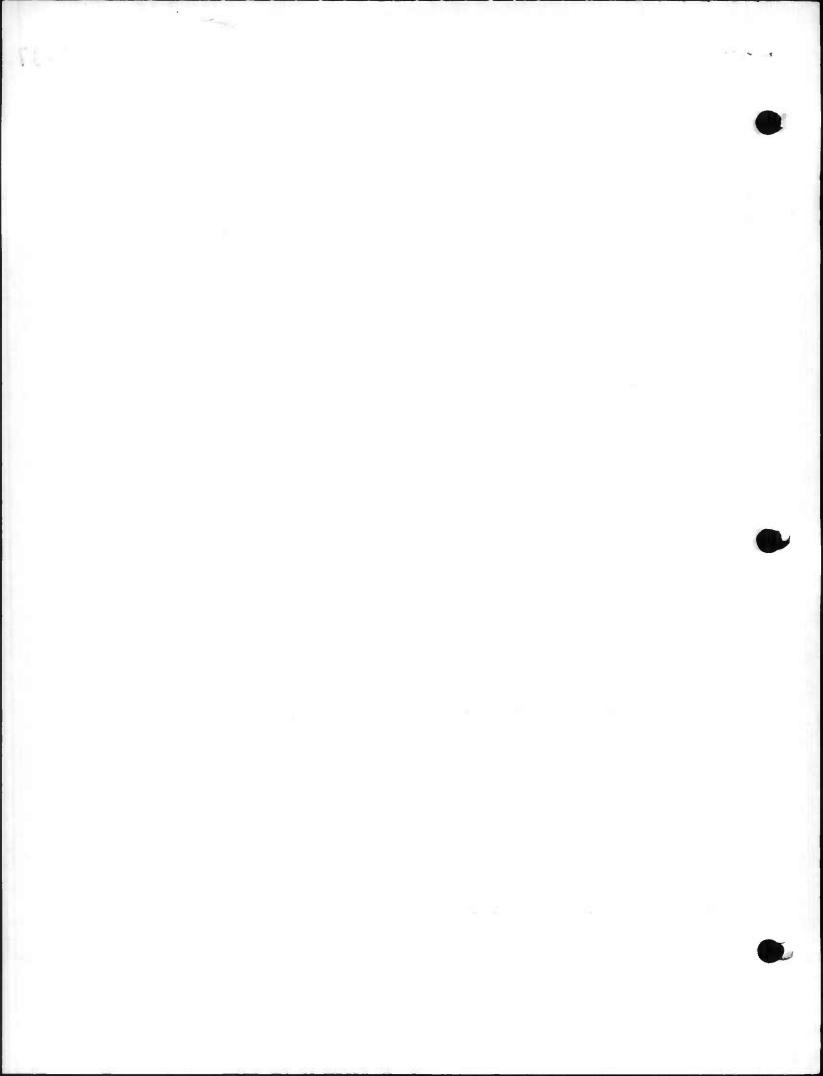
BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.								
1 4	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH						
1 1	Mary Carolin	e Davis				Feb 28	199	6 1157 •						
1 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign						
1 1	the second control of the second control of	3000		MONTHS DAYS	HOURS MIN.	Feb 21/		puntry)						
1 /	214-01-7244		77 YRS.				19	Maryland						
	9a. FACULTY NAME (If not institution, give st				OR LOCATION OF DE	HTA	9c. COUNTY	OF DEATH						
18	308 Hilltop Roa	ď		Balti	more		A	A						
5	RESIDENCE OF DECEDENT													
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?						
급	Maryland Balt	timore	Pe	rry Ha	1 1			1 YES 2 X ND						
၂	10e. STREET AND NUMBER 9011	HEDGEROW Way	1 . 0		f. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?						
FUNERAL		- Comment inde		100	01006		1110	10.000						
뿔	11. MARITAL STATUS				21236			ed States						
15	1 Never Married 2 Married	12. WAS DECEDENT EVER I FDRCES? 1 YES		13. WAS DE	CENDENT DF HISPAN Hecify Cuban, Mexica	IC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	or No- 14. I	RACE — American Indian, Black, White, etc.						
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			2 ND Specify			Roacify:						
	~			_ !				White						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. KIND OF BUS	INESS/INDUST	RY						
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	or or working	ŀ								
<u>d</u>	12		Home	maker		Own	Home							
8	17. FATHER'S NAME (First, Middle, Last)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18. MOTHER'S NA	ME (First, Middle, Maiden								
	Coongo John	Diata					Delta Control							
H	George John 194. INFORMANT'S NAME (Type/Print)	Dietz				Anna Rup								
2	Control of the Contro					Route Number, City or Town								
-	Mr. Harold Lee	Davis	9011	Hedge	ow Way	Baltimo	re, M	d. 21236						
	20a. METHOD OF DISPOSITION	201	D. PLACEAND DATE	OF DISPOSITION (N			CATION — City							
	1 M Burial 2 ☐ Cremetion 3 ☐ Remo	val from State cer	netery, crematory or o	ther place)	metery 3	1/1/06 Rall	timoro	_ Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Manale T	Zavavac				timore	, mar y ranu						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna  22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc.													
	Market. Zanghe Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. 21214													
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or resolvatory arrest.													
1 1	shock, Dr heart fallure. I	list only one cause on e	each line.		,,,,,	3.55		interval Between						
	IMMEDIATE CAUSE (Final disease or condition													
	resulting in death)  a. Acute Cardio-Respiratory Failure  Unk  DUE TO (OR AS A CONSEQUENCE OF):													
z		Arterioso	clerotio	: Heart	Diseas	e								
은	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEDUENCE OF	F):										
CERTIFICATION	cause. Enter UNDERLYING							ļ l						
ᄩ	CAUSE (Disease or Injury thet initiated events	DUE TO (DR AS	A CONSEDUENCE OF	F):										
토	reaulting in deeth) LAST													
W														
	PART il. Other signiticent conditions	contributing to death i	out not resulting	in the underlyin	g ceuse given in			24b. WERE AUTOPSY FINDINGS						
EDICAL						PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE						
						1 YES 2	₹ <sup>NO</sup>	OF DEATH?						
Σ						_		1 NES 2 NO						
	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO	X								
Z	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
SIAN		O EXAMINER?  HOSPITAL:  OTHER:												
SICIAN	EXAMINER?	HOSPITAL:	patient 3 🗆 DOA		ne 5 X Residence	1 X TES 2 NO 1 Inpellant 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 X Residence 8 Other (Specify)								
HYSICIAN	EXAMINER?	1  Inpatient 2  ER/Out		4 - Nursing Hor			LILIEV OCCURE							
PHYSICIAN	EXAMINER?		28b. TIM	4 Nursing Hor IE DF 28c. IN IURY W	JURY AT DRK?	28d. DESCRIBE HOW II	JURY OCCURE							
BY PHYSICIAN	EXAMINER? 1 X YES 2 NO 27. MANNER DF DEATH	1	28b. TIM	4 Nursing Hor IE DF 28c. IN IURY W M 1	JURY AT DRK? YES 2 ND		JURY OCCURE							
D BY PHYSICIAN	EXAMINER?  1 X YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	1 ☐ Inpatient 2 ☐ ER/Out	28b. TIM INJ	4 Nursing Hor IE DF 28c. IN IURY W M 1	JURY AT DRK? YES 2 ND									
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ED BY PHYSICIAN	EXAMINER?  1 VES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	1 Inpetiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Spe	28b. TIM INJ	4 Nursing Hor IE DF 28c. IN W 1 1 street, factory, officed at the time, dat	JURY AT DRK? YES 2 ND	28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	nd Number or Ri	ural Route Number,						
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E COMPLETED BY PHYSICIAN	EXAMINER?  1 VES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spe	r — At home, ferm, inclination of the common and/or investigation	4 Nursing Hor BE DF 28c. IN W 1 1 street, factory, officed at the time, date on, in my opinion,	JURY AT ORK?  YES 2 ND  a and place, and dua death occurred at the	281. LOCATION (Street a City or Town, State) to the cause(s) and man time, date and placa, an IBER	nd Number or Re mer as stated. d due to the cec 29d, DATE SIG	ural Route Number,  see(a) and manner ea stated.  NED (Month, Day, Year)						
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BE COMPLETED BY PHYSICIAN	EXAMINER?  1 Ves 2 NO  27. MANNER DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIES  30. NAME AND ADDRESS OF PERSON WHE William P. Jone	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spe  CIAN: To the best of my know  R: On the basis of examination  COMPLETED CAUSE OF DE	28b. TIM INJ  r — At home, ferm, so reledge, death occurrent and/or investigation  Dept  EATH (ITEM 27) (Types 695 An	4 Nursing Hor HEDF 28c. IN HURY M 1  street, factory, officed at the time, date on, in my opinion,	SURTY AT ORK?  YES 2 ND ORK  a and place, and due death occured at the D 060	281. LOCATION (Street a City or Town, State)  to the cause(s) and man time, date and placa, an IBER	nd Number or Re mer as stated. d due to the cec 29d, DATE SIG	ural Route Number,  see(a) and manner ea stated.  NED (Month, Day, Year)						
BE COMPLETED BY PHYSICIAN	EXAMINER?  1 Ves 2 NO  27. MANNER DE DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS DF PERSON WHE	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spe  CIAN: To the best of my know  R: On the best of examination  O COMPLETED CAUSE OF DE  CS , M. D.  32. REGISTRAR'S SIGN	28b. TIM INJ  r — At home, ferm, so reledge, death occurrent and/or investigation  Dept  EATH (ITEM 27) (Types 695 An	4 Nursing Hor HE DF 28c. IN HURY M 1   street, factory, offic ed at the time, date on, in my opinion,  1 ty Print) Herica	SURTY AT ORK?  YES 2 ND ORK  a and place, and due death occured at the D 060	281. LOCATION (Street a City or Town, State)  to the cause(s) and man time, date and placa, an IBER	nd Number or Re mer as stated. d due to the cec 29d, DATE SIG	ural Route Number,  see(a) and manner ea stated.  NED (Month, Day, Year)						



State of Maryland / Department of Health and Mental Hygiene 05688 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2 Date of Death **Physician** SAMUEL R. EPPERSON Month Yee 8.20 24 96 /Medical 4a. Facility Name (if not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner BON SECOURS HOSP. SUB ACUTE UNIT BALTIMORE CITY N/A If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)
Hours Min. DCT 28, 1928 7. Age (in yrs. last birthday) If Under 1 Yeer 5. Social Security Number 9. Birthplece (Stete or Foreign **Funeral** 1 X M 2 □ F Deys 217 24 8686 W. VA 67 Yrs. Director Usual Residence of Decedent death with the Maryland 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic svent, tre Modical Examiner must be notified at Director 1 Ves 2 No N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1906 WILKENS AVE. 21223 **USA** Funeral 12. Wea Decedent Ever In U.S. Amed Forces?

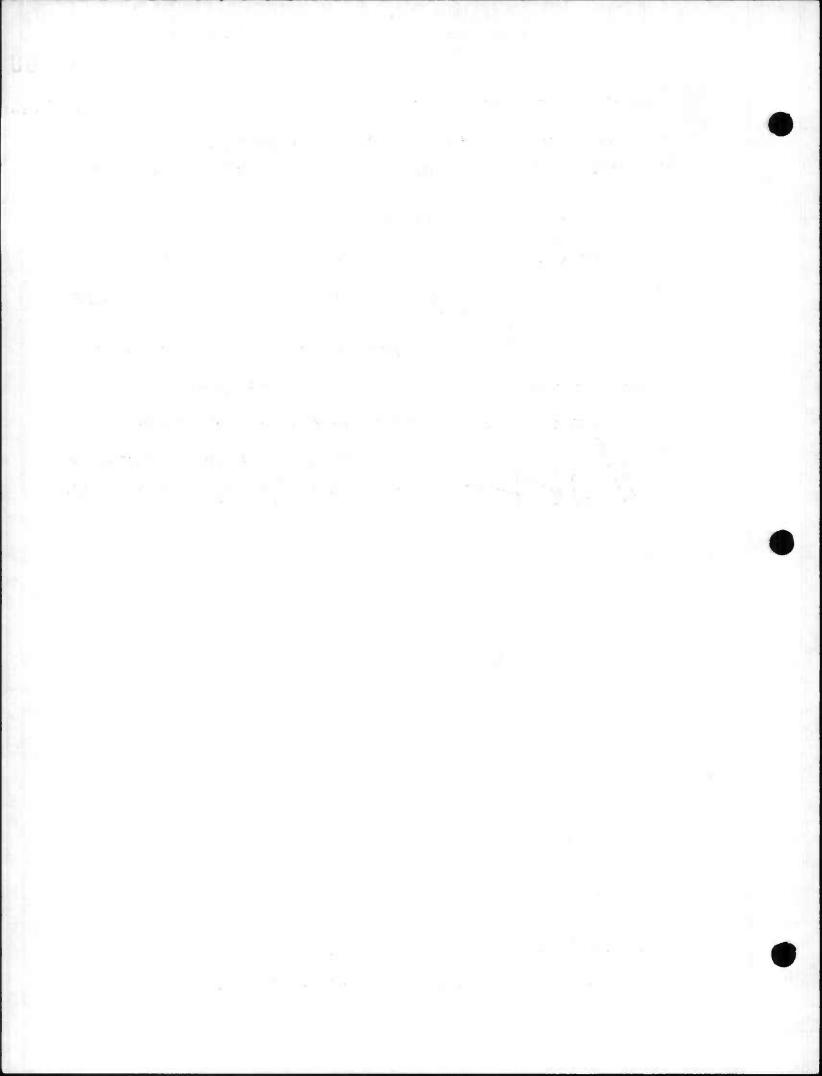
1 N Yes 2 No H Yes, Give 8/51 Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-iff Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. e filed within 72 hours after cal Hygiene. 1 1 Never Married 2 ☐ Merried Saltimore, Maryland 21215-0020 1 □ Yes 2 No Specify: 8/51-WHITE þ Specify: 3 ☐ Widowed 4 ☐ Divorced 2/54 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent'a Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Buainess/industry College (1-4or 5+) Elementery/Secondery (0-12) AUTO MECHANIC GAS STATION 8 17. Father's Neme (First, Middle, Last) mit. Pages 1 and 2 should be filt portunent of Health and Mental Hy portant: If item 27 is marked oth y Injury or other traumetic sventy Injury or other traumetic sventy 18. Mother's Name (First, Middle, Meiden Sumeme) ROBERT EPPERSON GRACE FLAWER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) EILEEN A. TISZEL friend 1906 WILKENS AVE., BALTIMORE, MD 21223 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete Depertment of Important: If any Injury or once. CROWNSVILLE CEMETERY Other (Specify) 4 Donation 3/01/96 CROWNSVILLE, MD. nerel Septite Licenses 22. Neme end Address of Fecility GARY L. KAUFMAN FUNERAL HOME OF ELK., INC. 23a. Pert 1. Enter the dissesse, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellury. List only one vause on each line. Approximete Interval Between Onset and Deeth **Physician** FAILURE RESPIRATORY /Medical Immediate Cause (Finel diseese or condition resulting in deeth) Examiner Due to (or es a consequence of): Examiner METASTATIC CARKINOMA TONGUE OF physician and s the bunel-trans Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that inhieted events resulting in death) Lest Due to (or es a consequence of): Physician/Medical Due to (or es a consequence of) attending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t SEIZURES 1 Yes 2 No 3 Probably 4 Nonknown à 24b. Were autopay findings evallable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed ANEMIA peed has cartificata 1 ☐ Yea 2 ☐ No Division of Vital funeral director, 25. Wes case referred to medical exeminer?

1 Yes 2 No 26. Piace of Deeth (Check only one) Hospitel: SUB ACUTE Other: 4 Nursing Home 5 Residence 6 Mother (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this UNIT 27. Menner of Deeth Certification: 28a. Dete of Injury (Month, Dey Year) 28h Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Netural 5 Pending I or Attending after death. Director: Aft 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, ferm, street, fectory, offica bullding, etc. (Specify) 4 Homicide Hospital 24 hours a Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end manner steted. 29a. Certifler To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Shaworddin M.D Dalean 2/25/96 020252 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) SHAMSUDDIN BON SECOURS HOSPITAL 32. Registrer's Signeture State

Registrar **DHMH 16 Rev 6/95** 

This Davidson



State of Maryland / Department of Health and Mental Hygiene

05689 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death Month **Physician** CURTIS MC 11-45 PM ELHENNY FEBRUARY 27 /Medical 4e. Fecility Neme (If not institution, give street end number)

HARBOR HUSSITAL CENTER 4b. City. Town, or Location of Death 4c. County of Death **Examiner** SOUTH HANDVER STREET BALTIMOLE If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (Stete or Foreign Country) **Funeral** X M 2□ F Yrs. 180-05-5725 Director 83 Nov.30,1912 unknown Usuel Residence of Decedent 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits rai", or items 23a or 28a-f show Examiner roust be notified at tyEl Yes 2 □ No Director Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1220 South Charles Street 21230 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married Specify: White 1 ☐ Yes 2 No Specify: by 3K Widowed 4 □ Divorced "natural", The Medical 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "nay Injury or other traumatic event, tra Medana. Compl Elementery/Secondery (0-12) College (1-4or 5+) unknown iron worker manufacture Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be unknown unknown 19e. Informent'e Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2802 Carroll Street Baltimore, Maryland

20b. Plece of Disposition (Name of cemetery, cremetory or other plece)

21230

20c. Location - City or Town, State Doris Y. Geng, friend 20e. Method of Disposition 1 ☐Burial 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donation 5 ☐ Other (Specify) Meadowridge Memorial 2/29/96 Dorsey, Maryland 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road and the deeth. Do not enter the mode of dying, such as cardlec or respiratory errest, and or heart fellure. List only one cause on each line. 21227 Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel SEPTILEEMIA 7DAYS diseese or condition resulting in deeth) Examiner Examiner DASTRUCTIVE URDPATHY physician end s the buriel-trensit that the deeth certificate be executed Sequentielly list conditions, it any, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es a consequence of): PROBABLE PROSTATIC CARCINOMA Box 68760 Physician/Medical Due to (or es e consequence of): TRANSITIONAL CELL CARCINOMA OF BLADDER P.O. I Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by i 1 Yes 2 No 3 Probably 4 Unknown Records, à Completed 24a. Wes en autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? 1 Yes 2 No 212 No certificete Division of Vital Hospital or Attending Physician: 24 hours after death. 25. Wes case referred to medical examiner? Be 28. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 ☐ No ✓Inpatient 2□ ER/Outpatient 3□ DOA 2 27. Menger of Deeth 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred After 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident Director: J 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral C completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete and pleca, and due to the cause(s) end menner stated. Medical 29a. Certifier (Check only one) 29b. Signeture end title of certifier

May 5 Mg/ 29d. Dete signed (Month, Dey, Year) 29c. License number AS 24416143618 FEBRUARY 27, 1996 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) HARBOR HOSP, CENTER BUTTAR-NAVIET SINGH SEXUENT DEPT. OF MEDICINE 300 I SOUTH ANNOVER STREET BALTIMORE

g2: Redistrar's Signature

**DHMH 16 Rav 6/95** 

State Registrar

State of Maryland / Department of Health and Mental Hygiene 05690 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** LEONARD FEBRUARY **ELSTER** 1996 3:20 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Prince Georges Hospital Center Cheverly Prince George's 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. lest birthdey) **Funeral** Months 1 M 2□ F Deys Hours Min Yrs. Director 083-30-7889 April 23, 1938 New York Usuel Residence of Decedent death with the Meryland 10b. County 10e State 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be nothed at Maryland 1 TYes 2 □ No Prince George's Bowie Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 12515 Shetland Lane Funeral 20715 U.S.A. 12. Wes Decedent Ever in U.S.
Armed Forces?
102Yes 2 bo 1955
1799, Give May 1955
Yeer or Detest o May 1963 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours effer 1 Never Merried 2 N Merried Saltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuei Occupetion
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Hygiene. Elementary/Secondery (0-12) Coilege (1-4or 5+) Electronic Technician Years U.S. Government 17. Fether's Neme (First, Middle, Last) mit. Peges 1 and 2 should be filk partment of Heelth and Mentel Hy portant: If Item 27 is marked oth y Injury or other traumatic eventy Injury or other traumatic eventy. 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 2 Hyman Elster Helen Morganstien 19e. fnforment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Beverly Elster, Wife 12515 Shetland Lane, Bowie, Maryland 20715 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - Cify or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removal from State Department of important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Mount Lebanon Cemetery 2/25/1996 Adelphi, Maryland STETN HEBREN FMEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, N.W. WASHINGTON. D.C. 20012-2095 21. Signature of Funerel Service Licenses WASHINGTON D.C. 23a. Pert1. Enter the disease, or complications that caused the durch. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Fine) disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner remaining Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest and Due to (or es e consequence of) Box 68760. physician Physician/Medical the Due to (or es e consequenca of): USe as Pert II/Other elgnificant conditions contributing to death but not resulting in the underlying cause given in Pert I Division of Vital Records, P.O. be detached 23b. Did tobecco use contribute to the cause of deeth? 3 □ Probably 4 Unknown 1 Yee 2 No Completed by 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilebie prior to completion of ceuse of deeth? page 2 2 No 1 ☐ Yes 2 ☐ No funeral director. Be 25. Wes cese referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Yeer) 27. Mennér of Deeth 28h Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homleide 29a, Certifi 1 🖳 Certifying Phyeicien: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end menner es steted. Medicai 2 Medical Examiner: On the besis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menmer stated. within 2 To the 29b. Slgr 0 199 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Lewis H. Dennis, M.D., 6201 Greenbelt Road, College Park, Maryland 20740 32. Registrer's Signeture 31. Dete filed (Month, Dey, Year) State

DHMH 16 Rev 6/95

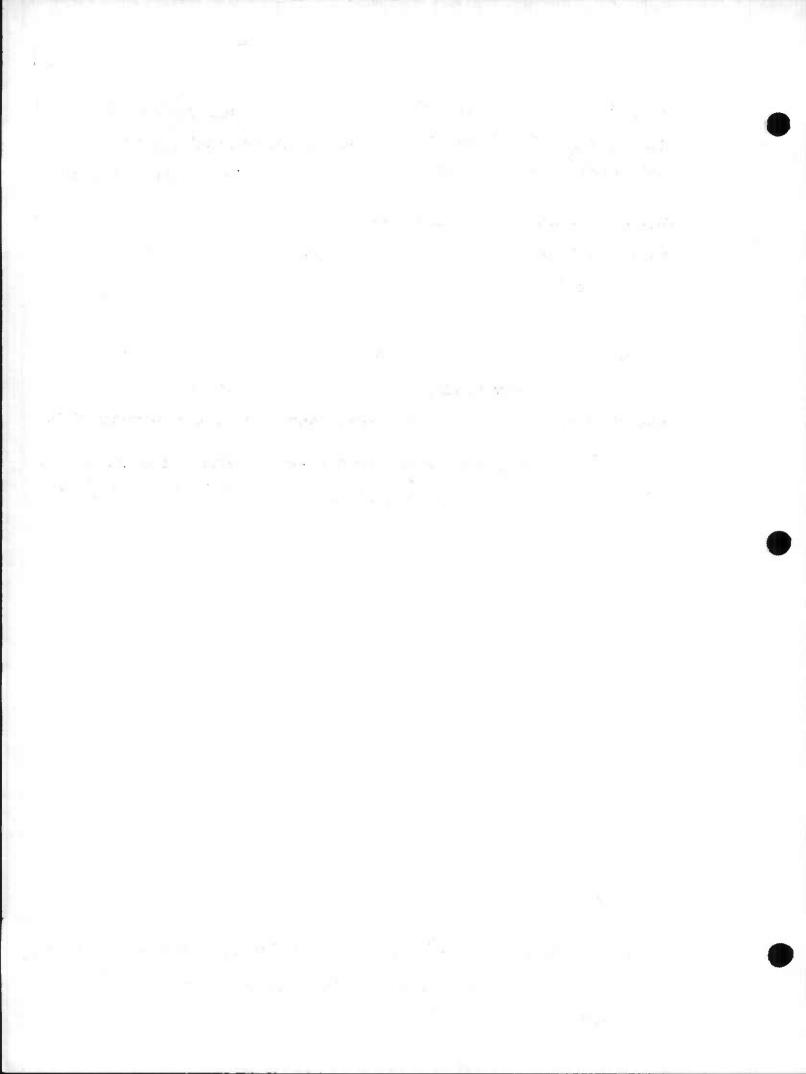
Registrar

1996

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State of Maryland / Department of Health and Mental Hygiene 96 0569

		Certificate of Death Reg. No.	160
Physic	ian		me of Deeth
/Medi		David Floud February 28 1996 19	03
Exami	ner		
_		5. Social Sacurity Number 6. Sex 7. Age (In vis. lest birthday) If Under 1 Year I If Under 24 Hrs. 8. Dete of Birth	
Funeral Director		068 07 0958 12 M 2 F 86 Yrs. Months Deys Hours Min. (Month, Dey, Year) Oklahom	
and and		Usuel Residence of Decedent         10e. Steta         10b. County         10c. City, Town or Location         10d. Inside	de City Limits
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after das	by Funeral Director	3 □ Widowed 4 □ Divorced   if Yes, Give Year or Datas:   1 □ Yes 2 □ No Specify:   Specify:   Specify:   White	
72 hours "naturel",	ig g	15. Decedent's Education (Specify only highest grade completed)  (Give kind of work done during most of working life. DO NOT use retired)  16b. Kind of Business/Industry	
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should be nd Mental marked o	10		
1 and 2 sho Health and em 27 is mo		19e. Informent's Neme/Reletionship (Type, Print)  19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code)  Laura E. Evans  19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code)  605 Biscay Avenue Baltimore, Maryland 212	225
or off		20a. Method of Disposition  20b. Plece of Disposition (Neme of cemetery, cremetory or other plece)  20c. Location - City or Town, Ste	te
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permit. Pages 1 and Department of Health Important: if item 27 any injury or other to		21. Signature of Funarai Sarvice Licensaa  22. Name and Address of Fecility  Gonce Funeral Home P.A  4001 Ritchie Highway Baltimore, Md. 2122	
			kimete al Between
Physician /Medical Examiner	ler	Immediate Cause (Final disease or condition resulting in death)  Due to (or es e consequence of):	end Deeth
The law requires that the death certificate be executed at has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Medical Examiner	Ceuse (Disease or Injury that initiated events resulting in death) Lest Dua to (or as a consequance of):	
ath catternation	Physician/M		
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law require las been si e 2 should I	Completed		orior to
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£ 5 6	ation: To	1   Yas 2   No	
To the Hospital or Attanding I within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicide 4 Homicide  3 Suicide 4 Homicide  4 Homicide  4 Suicide 4 Homicide  4 Suicide 4 Homicide  4 Suicide 4 Homicide  28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)  28b. Location (Street and Number or Rurel Route City or Town, State)	Numbar,
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai (		use(s)
ro the	Me	29b. Signatura and title of certifier 29c. Licansa number 29d. Dete signed (Month, Day, Ye	ar)
- > - 0		AM C A. b. H. M. D. IP + DOY) Fohnes of	1961
6		30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)	1176
		31. Dete filed Machth, Day, Year) 8, 32. Registrarie Signature.	
Sta Registi		1 1000 (info Variations Abando 00)	



ITEM: 11. PER INFORMANT FILM G-733 3/18/96 t.t Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05692 3/1/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last). 2/22/96 2. Date of Death 3. Tima of Death **Physician** Beather Franklin Month Day Veronica /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Good Samaritan Hospital Baltimore N/A If Under 1 Yaar If Under 24 Hrs.

Months Days Hours Min. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) 02-07-45 7. Age (In yrs. last birthdey) Birthpiaca (Stete or Foreign Country) **Funeral** Days 1 □ M 2 F Months 51 Yrs. Director 214-44-9825 Maryland Usual Residence of Decedent permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other treumstic event, tre Mexical Exercises must be not fed at 2006. 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits Pos 24 No Director MD. N/ABaltimore 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 5417 Bucknell Road 21206 U.S. by Funeral 12. Was Decedent Ever in U,S. Armad Forcas? 1 ☐ Yes 2 ②FNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Married 25 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black Specify: 3 ☐ Widowed 4XX Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Buainess/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 12th Billing Clerk Hospital 17. Father's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Surnama) Be Beauregard Thomas Sylvia Edwards 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Coda) Alfred P. Franklin 5417 Bucknell Rd. Balto., MD. 21206 20b. Plece of Disposition (Neme of cemetary, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ₺ Burial 2 □ Cremation 3 □ Removal from State King Memorial Pk. 2/28/96 4 ☐ Donation 5 ☐ Other (Specify) Randallstown, MD. 21. Slovetum Funeral Sarvice Licensee 22. Name and Address of Facility 1721-27 N.Monroe Street Redd F/S Balto., MD. 21 Redd F Redd F/S Balto., MD. 21217 Approximata Interval Between Onsat and Death **Physician** /Medical TE MYDCARDIAL INFARCT
Due to (or as a consequence of): immediate Cause (Final disaasa or condition rasulting in death) Examiner The law requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last VENT. FIBPLUATION attending physician for use es the burie Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? VENTILICULAR 1 Yes 2 No 3 Probably 4 Unknown FIDRILLATION þ 24b. Were autopsy findings available prior to completion of cause of death? Completed DIABETES MELLITUS 24a. Was an autopsy performed? 031-911 2 1 No 1 □ Yes 2 □ No certificate Hospital or Attanding Physician: 24 hours lifer death. Haneral Director: After this certifical 25. Was casa referred to medical examiner?
1 ☐ Yes 2 ☑ No Be 28. Place of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 PNeturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident å 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stefe) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) end manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 101 person who completed cause of death (item 23a) (Type, Print)

State

Registrar

31. Data filed (Month, Dey, Year)

FEB 2 9 1996

32. Registrar's Signature Jahr Stablear Robell

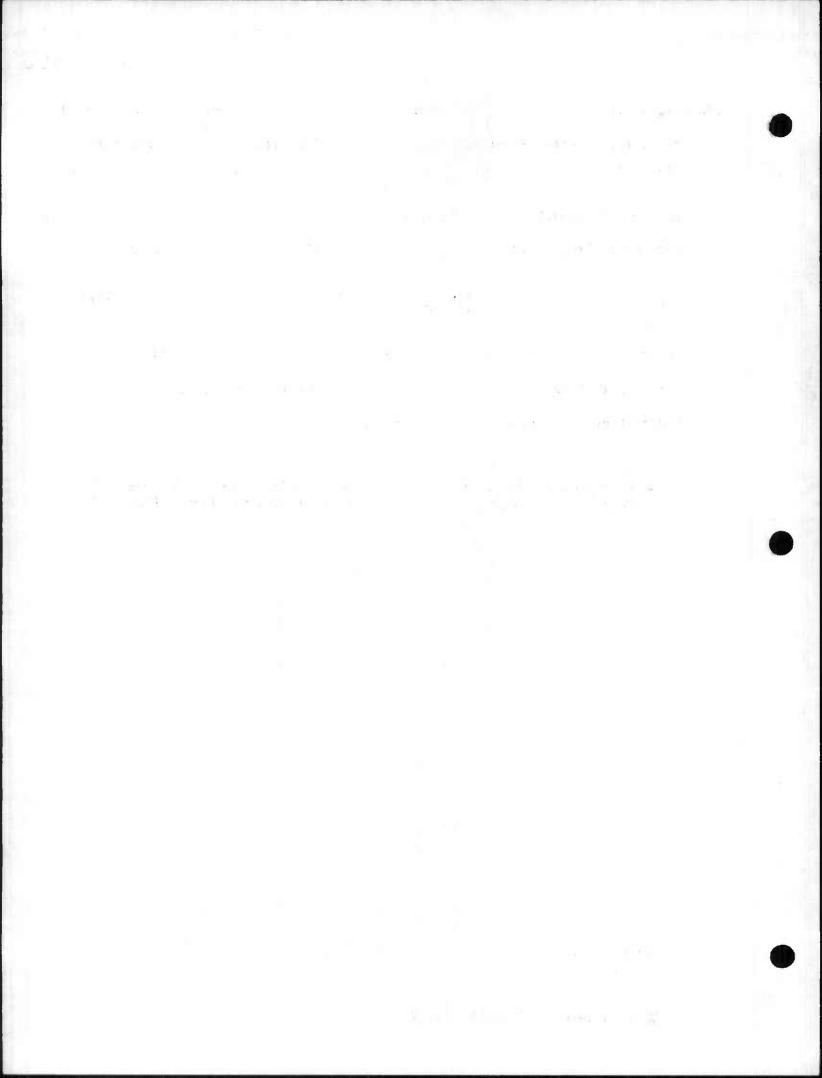
Division of Vital Records, P.O. Box 68760.

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State of Maryland / Department of Health and Mental Hygiene

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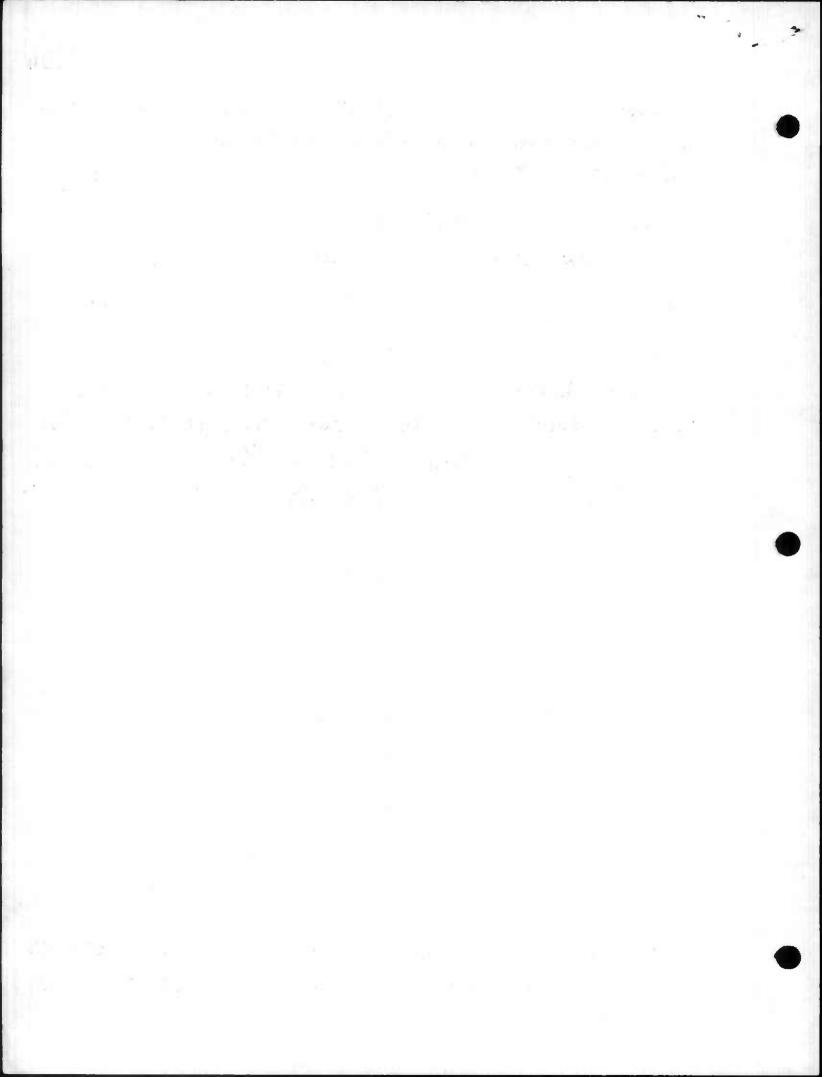
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/Medic	cal	Charles			ree		A. Oh. Tou		ebruary	7		7:12
Examin	ner	4a. Facility Nema (If not institution,					4b. City, Tow		ion of Deeth	4c. County		
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uneral irector		214-10-3321	180 M 2□ F	7. Aga (In yrs.	Yrs.	Months Dey		Min.	Dete of Birth (Month, Dey,	Year) 1918	Coun	lece (Steta or try)
		Usual Residence of Decedent							, , , ,	1710	into cig re	201100
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"naturel", or items 23a or 28a-f show notical Examiner must be notified at	Funeral Director	11. Maritai Status		edant Ever in U,				in 2 / Canali	. Von av Ala		e - Americ	an Indian
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eran	by	3 ☑ Widowed 4 ☐ Divorced	od 1 🗶 Yas If Yas, Gir Yeer or D	ve 9/1944 letes: 11/10	44 to 1□ Yas 2⊠ No Specify: 1945					Specify	" Wh	ite
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		Ronald Free	(son)			nown	eet and Number	r or Hurai H	oute ivumber,	City or Town,	Stete, Zip	Code)
item 2 other		20a. Method of Disposition	(2012)	20b. P		ition (Name of etory or other p			Dete 2	0c. Location -	City or To	wn, Stete
y or		1 ☐ Burial 2 ☐ Cremetion 4 🖫 Donation 5 ☐ Other (Sp.		State	emete <i>ry, cre</i> m	etory or other p	olece)					
Important: If ite eny injury or of once.		21 Signature of Funeral Service L Ronals		01.	22.	Neme end Add	iress of Facility	,		2 011		
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	1	23 Pert1. Enter the disease, or a shock, or heart feilure. List o	complications that	aused the death	Do not ente	the mode of d	lying, such as c	cardiac or re	espiratory erre	st,	1-155	Approximeta Intarval Betw
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edical		Immediate Cause (Finel disease or condition	Den	ere Con	pestru	e Hear	+ Fail	ure			1	lacione
miner	er	resulting in death)	а	Due to (g	es a consequ	enca of):						
sit	Examiner		- Idi	Due to (o	c Ca	diom.	uspatt	24			10	le weer 8 year
and al-trar	xan	Sequentielly list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Diseese or injury		Due to (or	es e consequ	ence of):	(	1			}	1
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d in	Certification:	4 Homicide	bulldi	ng, etc. (Specify	)				City or Town,	Stete)		
	edical	29a. Certifier (Check only one)	Physician: To the kaminer: On the ba	asis of examinet	vledge, death	occurred et the estigetion, in my	time, date and y opinion, deeth	place, and	due to the car et the time, de	use(s) and ma	inner as st	ated. the cause(s)
To the	2	29b. Signeture end title of cartifier	end man	iai Stated.		29c. Lice	nse number		29	d. Date signe	d (Month. I	Day, Year)
- 6		has PL	0 000	, -		_	16075			2/18/9	,	
	-	30. Name and address of person w	ho completed caus	e of deeth (Item	23a) (Type P		00 70			11011	0	
		The state of the s	oompioted bads	- or recent firent	-out (1)he' L							
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Stat	te	31. Date filed (Month, Dey, Year)	ø 32. R	egistrar's Signet	ure							



State of Maryland / Department of Health and Mental Hygiene

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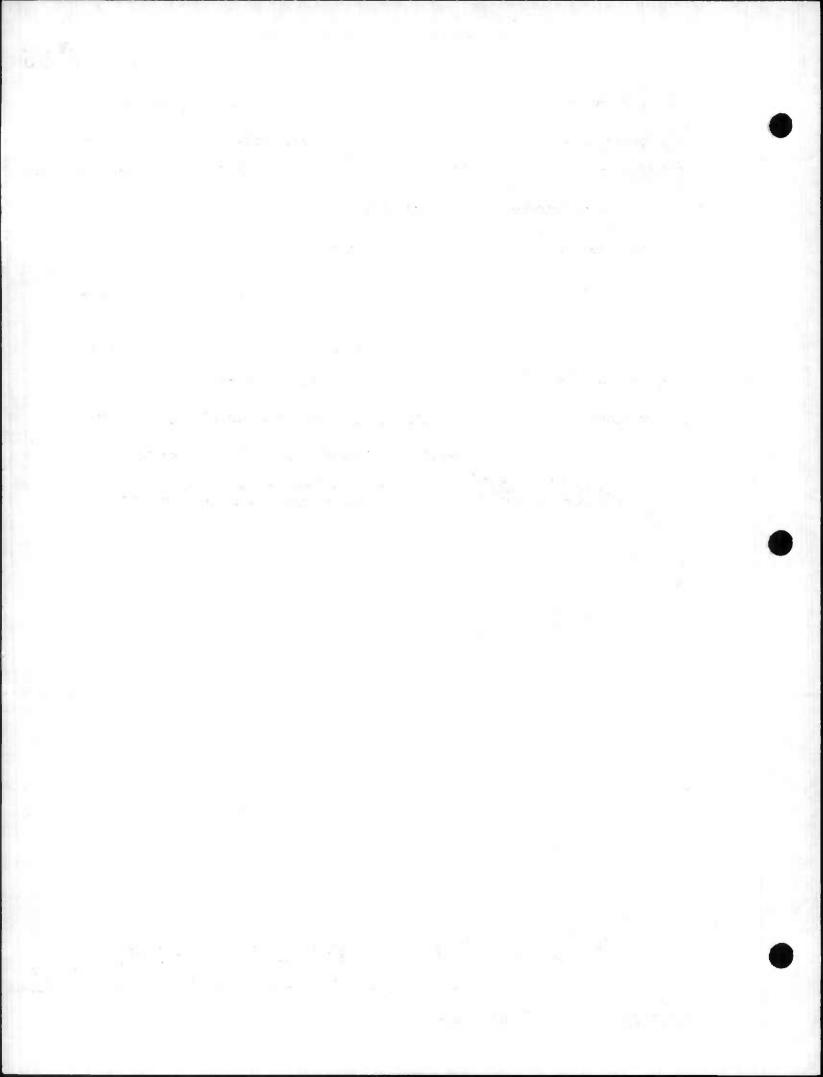
					Cei	rtificate o	t Death		Reg. No.	
1-1		. Decedant's Nema (First, Middle	a, Last)						ate of Death	3. Time of
ician dical		HELEN				FUNK	_	-	WARY 27th	1996 4
niner	4 -	e. Facility Nama (If not institution	, give street end nu	umber)			4b. City, To	own, or Location	111111111111	nty of Death
11101		GOOD SAME	ARITAN	Ha	SPITAL		BAT	DMO	25	
		Social Security Number	6. Sex	7. Aga (In yrs.		If Under 1 Ye	er If Under		ata of Birth fonth, Day, Year)	9. Birthplaca (Stata or
P	12	11648-11917	1 □ M 2K(F	86	Yrs.	Months Day	s Hours	Min. (M	fonth, Day, Year) N. 8, 1909	Country)
	U	sual Rasidance of Decedant						100	120,1101	I THIN THIN
	10	0a. Stata 10b. County		10c. C	ity, Town or Lo	cation				10d. Insida Cit
O	5 6	DARVAR		Be	wille	75.				1781 Yas
Director	10	0e. Street end Number		2	-MIII.K	10f. Zip Code	9		100 Citizan	of What Country?
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Funeral	5		ALT HER	pedant Evar in U	10 101	A/ac Danadania	1909	lais 0 (Casalfs V	for as No.   14 F	lace - Amarican Indian,
Š	5	1. Maritel Status	Armed F	orcas?	1,5.	t Yas, specify C	uban, Maxicar	igin? (Specify Yan, Puerto Rican,		Black, Whita, etc.
by F		1 Navar Married 2 Marr	If Yas, G	2⊠ No iva		1□Yas 2⊠N	lo Specify:		Spe	city:
d b	3	3 Widowed 4 □ Divorced	Year or I	Detes:						STIME
Completed		15. Decedant (Specify only highest	's Education it grada completed)	)	16a. Deced (Giva	dant's Usual Occ kind of work do DO NOT usa rat	cupation na <i>during mos</i>	st of working	16b. Kind of	Business/Industry
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To	2	MILION	LUBAW	SKi			Mis	ZIZAK	ing An	US 2 SWSKi
1		9a. Intormant's Neme/Ralations	nip (Type, Print)		19b. Mailin	ng Addrass (Stre	et and Numbe	er or Rural Roul	ta Number, City or Tov	vn, Stata, Zip Coda) 21
	16	ZICHAROL F	ink		8730	1:77	1000WZ	a Roa	0 1000	y Marylan
	20	Da. Mathod of Disposition	VIIIV	20b.	Piace of Dispo	sition (Nama of		Dat	ta 20c. Locatio	n - City or Town, Stata
		Buriai 2 ☐ Cremetion		Stata		natory or other p	olece)	MAR	CHO.	
		4 Donetion 5 □ Other (S)		IA	RKWO		E1287	199	16 PARK	VILLY PARY
	2	1. Signature of Funeral Service	Goënsee		22	. Name end Ad	drass of Facilit	OF ME	MORILS	1
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	1 2	3a. Part1. Enter tha disaasa, or shock, or heert teilura. List	complications that	caused tha daa						Approximeta Intervei Bety
		shock, or neert tellura. List	only one cause on	aech iina.						Onsat and D
	In	mmediata Causa (Finai	Λ -	100			~~	1010	ocom.	
	l te	liseasa or condition esulting in daath)	a. ACC				INC	11011	4RCM ON	2 I DA
6	5			Dua to (	or as a consec	(uence ot):				
Examiner			b			3				
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		ause. Enter Undarlying ausa (Disease or Injury	c							
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an			Q							I
Physician	P	art II. Other significant conditio	ns contributing to d	leath but not ras	sulting in the u	nderlying cause	given in Pert i	i. 2	23b. Did tobacco use	contribute to the cause o
,h	Fart II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.							1 ☐ Yes 2 ☐ No		
by P									140 20 140	
								2	4a. Wes an autopsy	24b. Were eutopsy fi
Completed									performed?	evailable prior to completion of ce
dr.	-									of death?
ြပ္ပို									1 ☐ Yas 2 € No	1 ☐ Yes 2 🛣
Be		5. Was casa raterred to medical exeminar?						e of Daath (Che	ock only one)	
2		1 ☐ Yes 2 ☑ No	Hospital:	Inpatiant 2	ER/Outpatien	t 3 DOA	Othar: 4 Nu	ursing Homa 5	Rasidance 6 🗆	Other (Specify)
		7. Mennar of Death	28a. Data	of Injury oth, Day Year)	28b. Tima of	28c. ir			escribe how injury occ	
atio		1 Natural 5 ☐ Pending		, Jay 1 bai/	Injury		Yas 2	No		
fic		3 ☐ Suicida 6 ☐ Could r	ned Zoa. Flack			eat, factory, offic	<b>28</b>			mber or Rural Routa Numl
Certification:		4 Homicida	build	ling, etc. (Speci	(y)			Ci	ity or Town, Stata)	
		9a. Cartifier 150 Certifying	Physician: To the	a hast of my kee	wiedne deeth	occurred at the	time data an	nd niace, and du	ua to tha cause(s) end	manner as stated
edical			examiner: On tha b	asis of axamina	ition and/or inv	estigetion, in m	y opinion, daa	ith occurred at to	tha time, date and place	manner as stated. e, and dua to tha ceusa(s)
Mec			and man	nnar stated.		20- 11-	nee number		and Date -1-	and Alonth Day V-st
	2	9b. Signetura and titla of certitian	C -			29C. LICE	insa number	0 -	29d. Data sig	ned (Month, Dey, Year)
		DR OWIR	tou	MB (	ihis	PC	0160	06	FEBRU	ARY 27m
	30	). Nama and address of person v	who complated caus	sa ot daath (Itar	n 23a) (Type,	Print)				
	1		5601 L		- AVER		LEVAR	n RA	ramore	MARGUANINO
	1.0	LYDIK PLIA		UCT D	ILL STANAS	PILITA	11 11 1			11. I III CHII VII I
ate		1. Data filed (Month, Day, Year)	32. F	Registrar's Sign	etura	) Bod	DEVIK	20 201	-Carrille	111111111111111111111111111111111111111
ate rar	31			Registrar's Sign	etura	J BOW	CEVINE	20 511	· Carmio Le	Willes Gilland



State of Maryland / Department of Health and Mental Hygiene

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							Cei	tificate	of I	Death		Reg. No.		
	Physici /Medi		1. Decedent's Nar James P.								2. Dete of De Month Februa:	Day	Year 996	3. Time of Death 9:10am
	Examir		4e. Fecility Neme 705 Cecil			umber)				b. City, Town, or Lo illersvi				el
	Funeral Director		5. Social Security 233–52–62	224	6. Sex 1 ★ 2 □ F	7. Age (In yrs 59	. last birthday) Yrs.	If Under 1 \ Months D	ear ays	If Under 24 Hrs. Hours Min.	8. Date of Bir Apr. 22	th 7.1936	9. Birthp West	lace (State or Foreign InvVirginia
Maryland	-f show	tor	Usuai Residence of 10a, State MD		rundel	10c C Mil	ity, Town or Lo Lersvi	cation LLE					1	Od. Inside City Limits
with the	3a or 28a st be not	Funeral Director	10e. Street and No 705 Cecil		)				10f. Zip Code 21108			10g. Citizen of What Country? USA		
5-0020 72 hours after death with the Maryland	at, or items 2 transfer mu	þ		rried 2⊠ Merri	Armed F	2 MNo		Ves Decedent f Yes, specify		ispanic Origin? (Sp in, Mexican, Puerto Specify:				atc.
2121 d within	Hygiena. Wher than "natura ent, the Wedical	Completed	(Spe Elementary/Sec 12		t grade completed	(1-4or 5+)		lent's Usual O kind of work o DO NOT use r CDrive		ation furing most of work )	ing			100
<b>ਹ</b> ≗	Pages 1 and 2 should be nent of Haalth and Mental ant: If item 27 is marked oury or other traumatic even	To Be C	17. Father's Name Lawrence							18. Mothar's Name Sallie Fo	ame (First, Middle, Malden Sumame) Foster			
, Mary and 2 sho			19a. tnformant'a N Evelyn Fo		ilp (Type, Print)					end Number or Run ue, Mille				Code)
Baltimore,			20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from Stete  4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Service Licensee.							Cem. 3	Date 20c. Location - City or Town, Stata Odenton, MD			wn, Stata
Balt permit.			21. Signature of F	alsel	ightson //				-	uneral Ho			1401	
ox 68760, certificate be associted	Medical wad wding physician and nse as the bunal-transit	In/Medical Examiner	Immediate Cause disease or condition resulting in death)  Sequentially list or if any, leading to in cause. Enter Und Cause (Diaease or that initiated event resulting in death)	onditions, mmediate erlying t injury	a. Flee  b. Ol  c  d	Due to (	or as a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence	uence of): uence of):	AZ , )	- LAIG Leant	d I Sec	nse)		mmedick Years
Geat	igned by the atten be detached for u	Physician	Pert It. Other significant conditions contributing to death but not resulting in the underlying the property of the conditions contributing to death but not resulting in the underlying the conditions contributing to death but not resulting in the underlying the conditions contributing to death but not resulting in the underlying the conditions contributing to death but not resulting in the underlying the conditions contributing to death but not resulting in the underlying the conditions contributing to death but not resulting in the underlying the conditions contributing to death but not resulting in the underlying the conditions contributing to death but not resulting in the underlying the conditions contributing to death but not resulting in the underlying the conditions contributing the conditions contributing to death but not resulting in the underlying the conditions contributing						, ,			Did tobacco use contributs to the cause of d  1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☑ Uni		
of Vital Records, P.O Physician: The law requires that the	as been s 2 should	Completed by		(1)(41)	x (4)	2010 04	1100					an eutopsy med?	26 1996  4c. County of Death Anne Arundel  9. Birthplace (State or Foreign West Virginia)  10d. Inside City Limits 12 Yes 2 No.  1. Citizen of What Country?  USA  14. Rece - American Indian, Black, Whita, atc.  Specify: Black  b. Kind of Business/Industry  Construction  Iden Sumame)  City or Town, State, Zip Code) MD 21108  c. Location - City or Town, Stata enton, MD  MD 21401  Approximate Interval Between Onset end Death Onset end Death  Immedia  Line Course Contribute to the cause of death 2 No 3 Probably 4 Unknow  Buttopsy  24b. Were autopsy findings available prior to completion of cause of death?  2 No 1 Yes 2 No  25 No 1 Yes 2 No  26 and Number or Rural Route Number,  et and Number or Rural Route Number,  et and Number or Rural Route Number,  et and Number or Rural Route Number,  et and Number or Rural Route Number,	
of Vital Physician: T	s certificata he director, page	Be	25. Was case rete examiner?	The state of the s	Hospital:				04	28. Place of Deat				3 103 20 110
Vision of	eth. r: Alter this o	atlon: To	1  Yes 2  2  27  Yes 2  27  Yes 2  27  Yes 2  27  Yes 2  27  Yes 2  2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2  Yes 2   Yes 2  Y		28a. Date (Mor	inpatient 25 of Injury oth, Day Year)	28b. Time of Injury		Oth Injun Worl	4   Nursing Ho			- ' ' '	y)
Division	s after de M Directo ed in by ti	Certification:	3 ☐ Suicide 4 ☐ Homlcide	8  Could no determin	ned 259. Plac	e of Injury - At h ding, etc. (Speci	nome, ferm, str	et, factory, of	ffice		28f. Location (S City or Tox		ber or Rura	l Route Number,
Me Hospi	pletery III	edical	29e. Certifier (Check only one)		xaminer: On the b									
Tot	8 41	×	29b. Signature and	tille of certifier	(Kar	D	ho			25611		1	1 -	
	X		30. Name and add	E. K	Aplar	Mu	78	Print) PYS C	)A	Kwood	Rd 3	00 6	na Mai	Burnie rylandzia
D. Harris	Sta Registr	ar		1996	ali Sand	brack!	\$							



STATE	0F	MARYLAND	/ DEPARTMENT	0F	<b>HEALTH</b>	AND	MENTAL	HYGI	ENE
		C	ERTIFICATE	O	F DEAT	TH		REG	NO

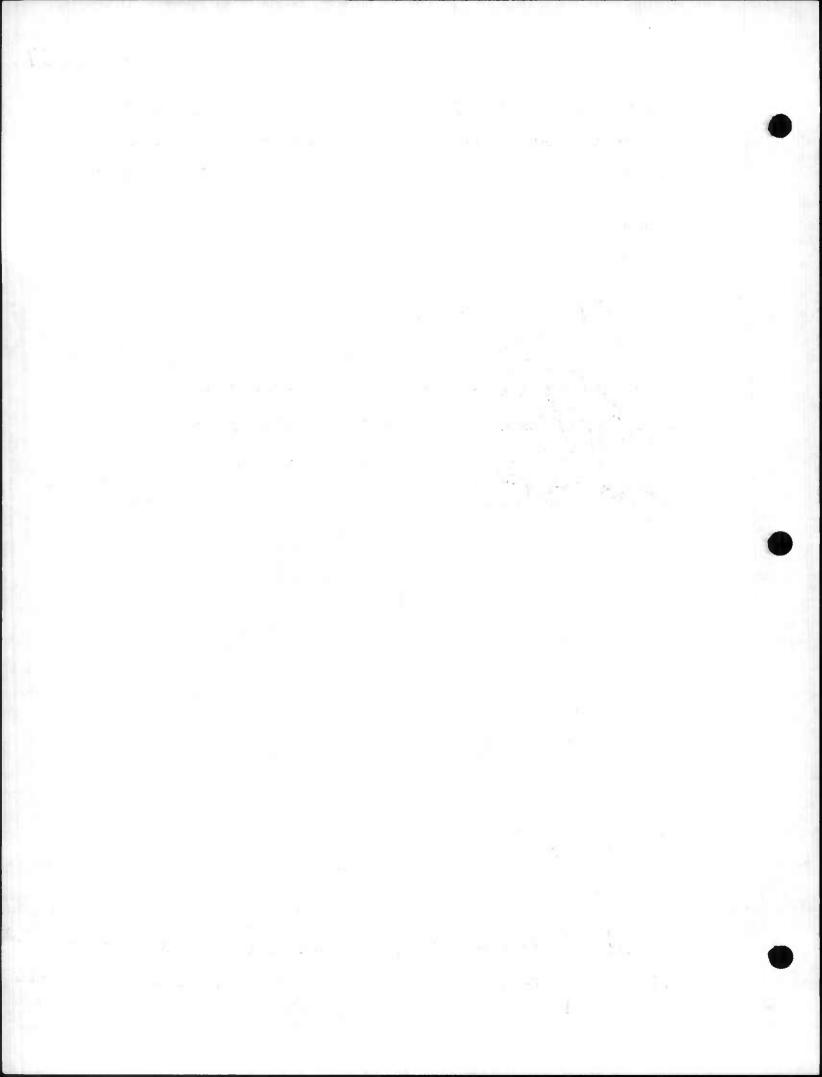
	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)		OLITICALE OF DEATH			2. DATE OF DEATH			3. TIME OF DEATH			
1	Catherine Nelda	Fin	nessy	/		February	27	1996	1:05 pm			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. /	NGE (In yrs. last be				7. DATE OF BIRTH		0. BIRTH	IPLACE (State or Foreign			
	216-16-1349  9e. FACILITY NAME (If not institution, give street end number)	73	3 YRS. MONTHS DAYS HOURS MIN.			March 12, 1922			Maryland			
MECION	The Good Samaritan Hospital		Baltin			N/A						
Į	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT				10d. INSIDE CITY LIMITS?				
AL DI	Maryland Baltimore		Parkville				100 0	TITEN OF	1 Tes 2 X NO			
ENA	8338 Hillendale Road		100	21234				States				
LONER	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EV FORCES? 1		:D			NIC ORIGIN? (Specify Yes or No— 14. RACE Black			E — American Indien, k, White, etc.			
2	3 Wildowed 4 Divorced	OR DATES		1 TYES			Spec	Specify: White				
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			AL OCCUPATIO	16b. KIND OF BUSINESS/INDUSTR			MITTOC				
	Elementary/Secondary (0-12) College (1-4 or 5+)	III De	o NOT use reti	red.)								
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Homema	ker	Own Home							
- 1	William Thieman			100		AME (First, Middle, Maiden Sumame)   aret Murphy						
10	19a. INFORMANT'S NAME (Type/Print)	196. 1	MAILING ADD	RESS (Street a	of Route Number, City or Town, State, Zip Code)							
2	Mr. John L. Finnessy		83 <b>3</b> 8 I	dale Roa	d Balti	altimore, Md. 21234						
	20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State											
	4 Donation 5 Other (Specify) Parkwood Cemetery 3/2/96 Baltimore, Maryland											
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna  22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc.											
	That I. Tringine							nore.	Md. 21214			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line.  Approximate interval Between											
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  A ENTE My a cardial Infant Clara Coronary 30 mm											
	- Settle A & C. V. H.D. c. C. T.D. + Myssians M. 5 10 yr											
A I I I	Sequentielly list conditions,  DUE TO (OR AS A CONSEQUENCE OF):											
3	If any, leading to immediate cause. Enter UNDERLYING											
	CAUSE (Disease or Injury thet Initiated events  Out TO (OR AS A CONSEQUENCE OF):  Out TO (OR AS A CONSEQUENC											
É	resulting in death) LAST											
١	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS								. WERE AUTOPSY FINOINGS			
3				2 NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
MEDIC									1 YES 2 NO			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMPLER? HOSPITAL: OTHER:											
2	1			8 Other (Specify)								
7	t Netural 5 Pending (Month, Day, Y		RK?	280. DESCRIBE NO	HOW INJURY OCCURED							
0	2 Accident Investigation 3 Suicide & Could not be 26s. PLACE OF IN	set, factory, office 28f. LOCATION (Stre				eet end Number or Rural Route Number,						
2	3 Suicide 6 Could not be determined building, atc.	City or Town, St	City or Town, State)									
MPLE	29a. CERTIFIER /Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at Iha Ilme, data and place, and due to the ceuse(s) and manner as stated.											
200	(Check only one)  2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
	29b. SIGNATURE AND TITLE OF CERTIFIER	5		MBER ~ 1	29d. DATE SIGNED (Month, Day, Year)							
ם מ	J. Crewe	1-14	5/82	<b>•</b>	2/2	-8/96						
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	Pochna C. Kahle, M.D. 7!	505 0s1	er Dr	ve	Towson, Md. 21204							
	MAR 1 1996	November										



State of Maryland / Department of Health and Mental Hygiene 96 05697

					Certificate of	Dealli	Re	g. No.			
Diamete.		1. Decedant's Nama (First, Middla, Las					2. Data of Death Month	1		Tima of Death	
Physic /Medi		Charles Reubell (	Goldsboroug	h, Jr			February		96 7	:55 AM	
Exami		4a. Facility Nama (If not Institution, give				4b. City, Town, or	Location of Death	4c. County of	Death		
		College Manor Nu	rsing Home			Lutherv	ille	Balt	imore		
Funeral Director		5. Social Sacurity Number 6. Social Sacurity Number 1. Social Sacurity	T	in yrs. last b	rthday) If Undar 1 Year Yrs. Months Days		(Month, Day,	Year) 1923 M	Birthplace Country) arylar	(State or Fora	
M M		10a. Stata 10b. County	10	Oc. City, Tov	m or Location				10d. l	nsida City Lim	
a pa	0	Maryland N/A		Ralt	imore			Yas 2□			
points. Togos I and 2 stook be ned while if 2 roots after beatt with the maryand important: if then 27 is merked other than "netural", or flems 28a or 28a-f show any injury or other traumetic event, the Medical Examiner must be notified at once.	Director	10e. Street and Number			10f. Zip Coda		10	g. Citizen of Wh	at Country?		
	O	3940 Cloverhill	Rd.		212	18		nited S	-		
	by Funeral	11. Marital Status  1 ☑ Nevar Marriad 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Eva Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva	ar in U,S.	13. Was Decedant of lif Yas, specify Cub	an, Maxican, Pua	Spacify Yas or No-	14. Raca	Amarican Ir Whita, atc.		
Tural al Ex					Deceded Herel Occur			White			
Police	Completed	15. Decedent's Education (Specify only highest grada complated)			<ul> <li>Decedant's Usual Occu (Giva kind of work done lifa. DO NOT usa retire</li> </ul>	orking	16b. Kind of Businass/Industry				
than	mo	Elamantary/Secondary (0-12)	Collega (1-4or 5+)			,	т	aaal D:a	ofossi		
Hyg ent,		17. Fathar's Nama (First, Middla, Last)			Lawyer	18. Mothar's Na	ma (First, Middla, M	egal Professional		OII	
and Mentai Hygie s merked other i numetic event, it	To Be	Charles Reubell Go	aldsharaugh	Sr		Helen	a Rhodes				
mer	-	19a. Informant's Name/Ralationship (7			o. Malling Addrass (Stree	ural Routa Number, City or Town, Stata, Zip Coda)					
27 Is r trau		Robert H. Goldsbor	rough .Ir		7 Dunkirk Ro			21212	,,	/	
nent of Heeith int: If Itam 27 iry or other tr		20a. Mathod of Disposition		20b. Place 0	f Disposition (Nama of			Oc. Location - C	ity or Town,	Stata	
		1 ☐Buriai 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spacify	Ramoval from Stata		ny, crematory or other ple athedral Cen		2/29	Baltimo	***		
ortan Injur		21. Signature of Funeral Sarvica Licens		INEW Ca						Too	
Departn Importa any Infe		John O. Mitchell IV 6500 York Rd. Baltimore, MD 21212									
		23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	plications that caused the ona causa on each lina.	a daath. Do	not antar tha moda of dy	ng, such as cardie	c or respiratory arra	st,	Inta	roximata rvai Between set and Death	
ysician Medical		N									
xaminer		Immediata Causa (Final disaasa or condition rasulting in daath)  Dua to (or as a consaquanca of):									
148	N.	Dua to (or as a consaquance of):  Arterio Silero sis									
	9		Antem	m C. 1	A ma 616						
dansit	mine	Sequentially list conditions	D. ———		erosis						
an end riel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underving	D. ———		consequence of):				 		
ysician end e buriel-transit		Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Causa (Disaasa or injury that initiated evants	Dui	a to (or as a	consequence of):						
g physician end as the buriel-transit	edicai	Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in death) Last	Dui	a to (or as a	erosis						
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e attending physician end of for use as the buriel-transit	Medical	rasulting in death) Last	c. Due	a to (or as a	consequence of):			pacco usa contr	ibute to the	cause of dear	
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State Registrar



			riouse	State of Mary	and / D		nt of	Health and		giene	96	05698	
	Physic /Medi		Decedant's Neme (First, Middle, Las     ANITA	GREENE			ite or	Death	2. Dete of De Month FEBRUAL	Dey	Year 1996	3. Time of Death 5:57 PM	
)	Exami		4a. Facility Neme (If not institution, given THE JOHNS HOPKIN 5. Social Security Number 6. S	yrs. last birt	lest birthdey) If Under 1 Year Months Days		BALTIMO If Under 24 H	RE CITY rs. 8. Dete of Bir		4c. County of Death  N/A  9. Birthpieca  Country) , 1948 Washin			
death with the Maryland	Director		578-66-1963  Usual Residence of Decedent  10e. Stete 10b. County	□ M 20%F 4		Yrs.	Days	Hours Mi	Nov.1	4,1948		nington, Do	
	Ba-f shov	Director	MD n/a			or Location							
	ath with the 23e or 2		10e. Street and Number		10f. Zip Code 21040				10g. Citizen of What Country? USA				
	or the	by Funeral	11. Meritel Stetus  1 Nevar Married 2 Married  1 Nevar Married 2 Married  3 Widowed 4 Divorced  12. Wes Decedent Evar Armed Forces?  1 Yas 2 Mo If Yes, Give Year or Dates:		In U,S.	U.S. 13. Was Decedent of Hispenic Origin? If Yas, specify Cuban, Mexican, Pu  1 ☐ Yas 2 ☐ No Specify:			(Specify Yas or No arto Rican, atc.)	- 14. Red Bla Specif	ce - American Indien, ck, White, etc.		
7-CI2	hin 72 hours I. In "natural", Medical Ex	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  College (1-4or			16e. Decedent's Usual Occupation (Give kind of work done during most of life. DO NOT use retired)			orking 16b. Kind of		Businass/Industry		
nd ZI	al Hygians d other the	Be Com	12 4 17. Father's Neme (First, Middle, Last)		Со				leme (First, Middle,	Distributor ne (First, Middle, Maiden Surname)			
laryia	2 should be and Menta is marked sumstic or	To						Edna Moore Street and Number or Rural Route Number, City or Town, State, Zip Code)					
Dalumore, N	nit. Pages I and artment of Health ortant: If them 27 injury or other tr		Charles Settles  1820 Harewood Road, Edgewood, MD. 21040  20e. Method of Disposition  1820 Harewood Road, Edgewood, MD. 21040  20e. Method of Disposition  1820 Harewood Road, Edgewood, MD. 21040  20e. Method of Disposition (Nema of cemetery, cremetory or othar place)  4 Donetlon 5 Other (Specify)  20e. Location - City or Town, Stata  20e. Method of Disposition (Nema of cemetery, cremetory or othar place)  20e. Location - City or Town, Stata  20e. Method of Disposition  20e. Method of Disposition (Nema of cemetery, cremetory or othar place)  20e. Method of Disposition  20e. Method of Disposition (Nema of cemetery, cremetory or othar place)  20e. Location - City or Town, Stata  20e. Method of Disposition (Nema of cemetery, cremetory or othar place)  20e. Method of Disposition (Nema of cemetery, cremetory or othar place)  20e. Method of Disposition (Nema of cemetery, cremetory or othar place)  20e. Method of Disposition (Nema of cemetery, cremetory or othar place)  20e. Method of Disposition (Nema of cemetery, cremetory or othar place)							own, Stata			
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)	Physician /Medical Examiner		shock of heer feiture. List only in the shock of heer feiture. List only in the shock of the sho	e. Heart bloo							+	Interval Between Onset and Deeth	
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,00,	icate be axecuted physician and s the burial-transit	by Physician/Medical Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in death) Lest  Due to (or es a consequence of):  Due to (or es a consequence of):									lweek	
that the death certificate	th certifica lending ph r usa as th		d. Microangiopathic hemolytic anemia lweek								Iweek		
	v requiras that tha death certific been signed by the attending p should be datached for usa as		Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.							23b. Did tobacco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Unknown			
ecolus,	8 8	Completed b	CN3 sarccidosis  Gastric lymphoma							24e. Wes en eutopsy performed?		ere eutopsy findings valleble prior to impletion of causa deeth?	
	ysician: Tha i	е Сош	25. Wes case referred to medical					20 Diana at D	1 d	100	10	☐ Yes 2☐ No	
<u> </u>	Physicia this certi al direct	To B	examiner?	Hospital: 1 Inpatient	2 ☐ ER/Out	tpatient 3 1	DOA OI	hor	Home 5 Resid		ner (Specil	ly)	
	nding Physician: ath. r: Aftar this certific ia funaral director,	ation:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation	28e. Dete of Injury (Month, Dey Yea	r) 28b. T	ime of njury M	28c. Inju		T .	how injury occur			

6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, end due to the cause(s) and manner es stated.

2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and plece, and due to the cause(s) end menner stated.

29a, Certifier (Check only one) 29b. Signature and title of certifiar

3 Sulcide

4 Homicide

29c. Licansa number

29d. Data signed (Month, Dey, Year)

Addill, MD Internal medicine housestaft

M6279

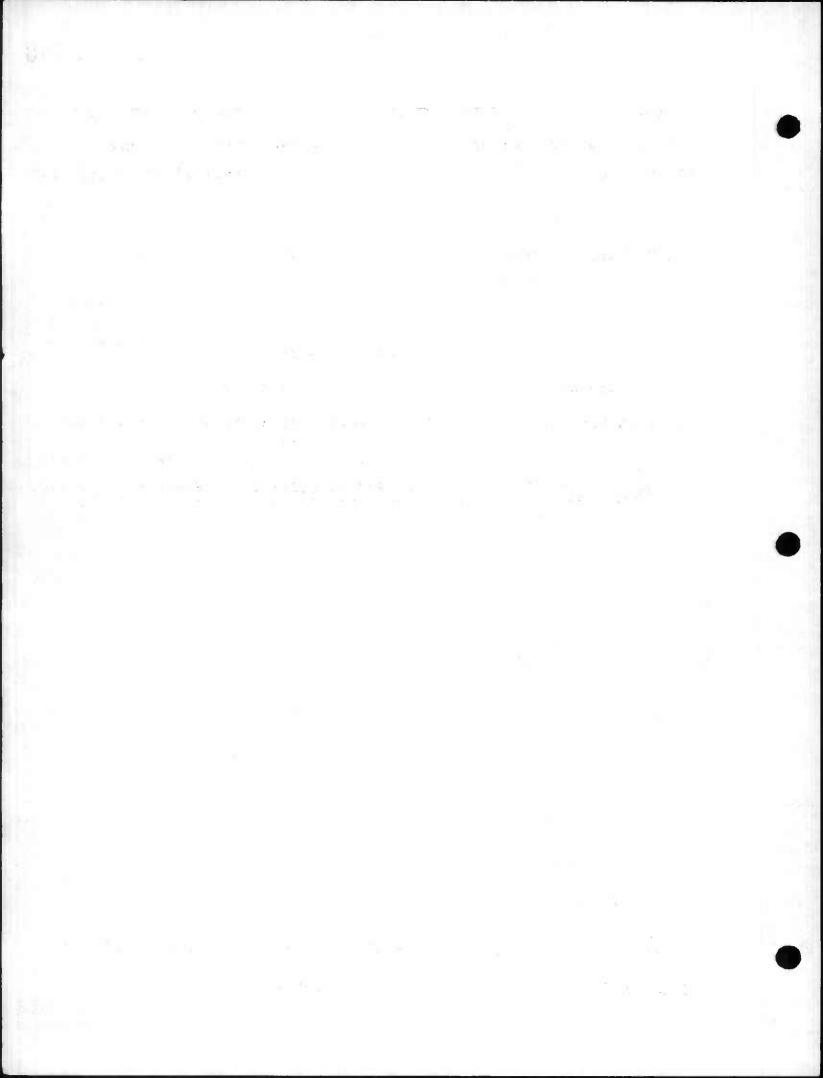
February 28, 1996

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Tower 110 Ductor's Lounge JHH Boutimore, MD 21287

State Registrar

Medical Certification



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death February 28 ... Month Year Hawkins 28 1996 Mobert Burton 705 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, giva street and number) Medical Systems Baltimore

7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 8. Date of Birth
Months Days Hours Min. 7. Month, Days 5. Social Security Number Mary land N/A of Birthplaca (Stata or Foreign Country) 1∭ M 2□ F Yrs. 215-28-1329 63 1933 Arkansas Usuai Residence of Decedent 10b County 10c. City, Town or Location 10d. Inside City Limits Havre De Grace 1 ☐ Yas 2 ☒ No Harford 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21078 U.S.A. 1107 Morrison Blvd. 12. Was Decedent Evar in U.S.
Armed Forces?
1 [Yas 2 ] No
If Yes, Give
Year or Datas: Peacetime Was Decedent of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Navar Married 2 Married 1 ☐ Yes 2 X No Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Specify only highast grada completed) (Give kind of work done di life. DO NOT usa retired) during most of working Elementery/Secondary (0-12) Coltege (1-4or 5+) President Construction Industry 12th grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumema) Mary Elizabeth Peek Lemuel Burt Hawkins 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1107 Morrison Blvd., Havre De Grace, Md. 21078 Charlotte C. Hawkins (Wife) 20b. Placa of Disposition (Name of cametery, cremetory or othar place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 Dother (Specify) Air Memorial Gardens 3/2/96 Bel Air, Maryland 21. Signatura of Funaral Service Licensea 22. Nama and Address of Facility Schimunek Funeral Home of Bel Air, Inc. 23a. Part1. Entar the disease, or complications that cause if the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 21014 Approximete Interval Between Onset and Death Immediate Causa (Final disease or condition resulting in deeth) Due to (or as a consequence of): Cardionyopa Dua to (or as a consequance of): Due to (or as a consequence of):

**Physician** /Medical Examiner

physician and s the burial-transit

attending p for use as

2

signed

peen

certificate has

After this

To the Hospital or Attending Phy within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral is

Hospital or Attending Physician:

Physician/Medical

ģ

Completed

Be

2

Certification:

edicai

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

permit. Pages 1 and 2 should be filled w Department of Health and Mental Hygien important: if flem 27 is marked other this any injury or other traumatic event, <u>iffer</u> GRSB.

**Physician** 

/Medical

Examiner

10a. State

Directo

ğ

Completed

Be

**Funeral** 

Director

ed other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at

the Maryland

72 hours after

altimore, Maryland 21215-0020

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yas 2 ☐ No

28. Place of Death (Check only ona)

1□ Yes 20 No

25. Was case reterred to medical axaminar? 1□ Yes 2□No

27. Manner of Death

1 Natural

2 ☐ Accident

3 Suicide

4 Homicide

1 Impatient 28a. Date of Injury (Month, Day Year)

2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) 28d. Describe how Injury occurred

28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and dua to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

(Check only one) 29b. Signature and title of certified

5 Panding Investigation

8 Coutd not be determined

29c. Licensa number

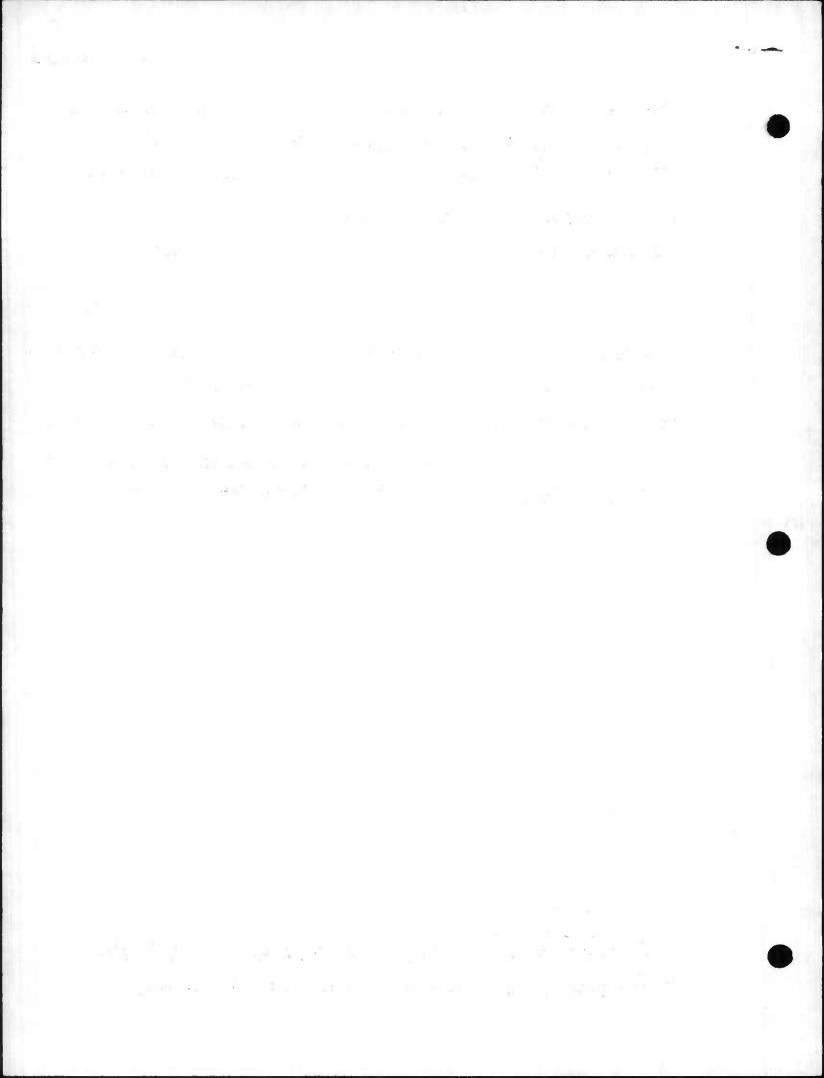
29d. Data signed (Month, Dey, Year)

completed cause of death (Item 23a) (Type, Print) 30. Neme end address of person who N. Tebyanian greene st. Baltimore

31. Date filed (Month, Dey, Year) 1996

Julia Day Son Rindell

Registrar



## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

96 05700

					Certi	ificate of	f Death		Reg. No.		001	00
		1. Decedent's Name (First, Middle, La	ist)			-		2. Date of Dec	ath		3. Time of	Death
Physic		MARGARET	MARY	14	ANTS	KE		Month FEB	Day	Year 996	5.	30 AM
/Med		4a. Facility Name (If not Institution, give			11-11-1	71-	4b, City, Town, or				3	30 Pr
Exami	ner	MERIDIAN C	Supering to 10.				and the same		_		MORE	
					last birthday)	If Under 1 Yea		KVILLE			-	
Funeral Director			1 □ M 2 B F	88		Months Day		8. Dete of Birt (Month, Da	v. Year) 0 1907	Coun	lace (State of stry)	ND
land w		10a. State 10b. County		10c. City	y, Town or Loca	tion				1	0d. Inside Cit	ty Limits
death with the Meryland ma 23a or 28a-f show Linust be notified at	Director	MD, BALT	MORE		PAI	RKVIL 10f. Zip Code	LE		10- 00		1 🗆 Yes	
A S	ā		a. 1				4		10g. Citizen of			
ath w	ra			PT Z		212				5. A.		
	Funeral	11. Meritel Stetus	12. Was Decedent Armed Forcas?		5. 13. We	es, specify Cu	Hispenic Origin? (S Iban, Mexican, Puer	pecify Yes or No- to Rican, etc.)	Bla	ck, White,		
0 5 5 5	b	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:	No	10	Yes 2 N	o Specify:		Specif	WH WH	TE	
72 hours	Completed	15. Decedant's E (Specify only highest gre	ducation ede completed)		16a. Deceder	nt's Usual Occ	upetion e durina most of wo	rkina	16b. Kind of B	usiness/ind	Justry	
within see.	ldu	Elemantary/Secondary (0-12)	College (1-4or	5+)	life. DC	NOT use retir	e during most of wo. red)					
21 ad will	S	12 yrs	_			40031	EWIFE		HOI			
nd 2	Be	17. Father's Name (First, Middle, Last		_			18. Mother's Na	na (First, Middle,	Maiden Sumar	ne)		
Maryland 212. d 2 should be filed within the and Mental Hyglene. 7 Ie marked other than traumatic event, the Mental traumatic event, the Mental traumatic event, the Mental traumatic event, the Mental traumatic event, the Mental traumatic event, the Mental traumatic event, the Mental traumatic event, the Mental traumatic event, the Mental traumatic event, the Mental traumatic event, the Mental traumatic event, the Mental traumatic event event	To	WILLIAM EDV	WARD L	BROV	NN		MARY	G. 1	ANNI	NG		
and I		19a. Informant's Name/Relationship (	Type, Print)		19b. Mailing	Address (Street	et and Number or Ri	ural Route Numbe			Code)	100
EZNL		DORIS KING	á		853	5 H	ARRIS A	VE 2	1234			
or Heal		20e. Method of Disposition		20b. P	laca of Disposit	ion (Name of		Data	20c. Location	- City or To	wn, Stete	
		1 ☐ Burlal 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special					REMATOR	2/20	BAIT	4-4- 17	-0	1
至 是 是 .		21. Signature of Funeral Servica Licar		U.K.	00 4	town and field	sans of Facility		BALTI	MOK	E C/	ty
Baltiment Department Important: heny Injury o		1 Sollin Em	002		EV	ANS C	HAPEL O					
		23e. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused	d the death	n. Do not enter	the mode of d	ying, such as cardia	or raspiratory ar	rest,		Approximate Interval Bety	a ween
Physician /Medical Examiner	Jer	Immediate Cause (Final disease or condition resulting in death)	a. Hyperre		e Arte		erotic H	coot Di	5000			
5, executed in and ial-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	b	Due to (or	r es e conseque	ence of):						
ords, P.O. Box 68760, requires that the death certificate be executed een signed by the attending physician and hould be deteched for use as the bunial-transit	edical	Cause (Disease or Injury that initiated events resulting In deeth) Last	C	Due to (or	es e conseque	nce of):						
Cent	2		d									
Bo death c	icia	Part II Other significant conditions	contribution to doubt b		thing to the und		share in Dead I	Ont Did		menth res s	Abo course	-4
D nat the dd by Jetec	Physician/	Part It. Other significant conditions of	contributing to death b	ut not rasu	irting in the una	enying causa (	given in Part I.		obacco use co Yes 25 No		bably 4	
2 8 8 0	Completed by							24a. Was perfo	an autopsy med?	COL	are autopsy fi ailable prior to mpletion of co death?	0
The la	no.							101	es 2 No	10	Yes 2	No
	Be	25. Was case referred to medical					28. Place of De	ath (Check only o	ne)	1		
of Vita Physician: this certific rai director,	To	examiner? 1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpetio	ent 2 🗆 I	ER/Outpatient	3 DOA	No.	fome 5 ☐ Resid		ner (Specifi	v)	
O & E B	Ë	27. Manner of Death	28a. Date of tnju (Month, Da		28b. Time of	28c. Inj		28d. Describe I			7	
O die	tio	1 ☐Natural 5 ☐ Pending 2 ☐ Accident Investigation		y Year)	Injury		onk? □Yes 2□No					
Division  or Attending I  effer death.  Director: Affer d in by the fune	Certification:	3 Suicide 6 Could not b 4 Homlcida determined	28e. Placa of Inj building, et	ury - At ho c. (Specify	ome, farm, stree	t, factory, office	е	28f. Location (S City or Tox	Street end Num vn, State)	ber or Rura	l Route Num	ber,
Division or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai C	29a. Certifier (Check only one) Certifying Ph	nystcian: To the best miner: On the basis of and manner at	examinat	wledge, death o ion and/or Inves	ccurred at the stigation, in my	time, date end plece opinion, death occu	, and due to the irred at tha tima,	cause(a) and m data end placa,	anner as st and due to	ated. the cause(s	;)
of the of the omp	Me	29b. Signature and title of certifier	i i		.,	29c. Lice	nse number		29d. Date signe	d (Month,	Day, Year)	
/		PR Solar	14 Jan	) -		0 -	10397		_			
6		30. Nama and address of person who RUBEN SEBA		leath (Itam	23a) (Type, Pri	Z 3/	14 E. J	OPPA I	2-1 RD	Mi	0.	
St	ate	31. Date filed (Month, Day, Year)	32. Registr	ar's Signat	ture .						7	

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State of Maryland / Department of Health and Mental Hygiene 9 6

			Control Maryland / Be	ertificate of			g. No.	05/01	
	Physici /Medi		1. Decedent's Neme (First, Middle, Last)  John D. Hughes Sr.			2. Dete of Deeth Month Feb. 26,	Dey 1996 Yes	3. Time of Death 2:40pM	
	Examir		4e. Fecility Neme (If not institution, give street end number)  Anne Arundel Medical Center		4b. City, Town, or Lo Annapol		4c. County of D Anne Ar		
	Funeral Director		5. Sociel Security Number 186-14-4851 6. Sex 15M 2□ F 73 17s. last birthde.	y) If Under 1 Yeer Months Deys	Hours Min.	8. Dete of Birth (Month, Dey, Jul. 18,	9. ( 1922 Pe	Birthpiece (Stete or Foreign Country) ennsylvania	
	Maryland of show	tor	Usuel Residence of Decedent   10a. Stete   10b. County   10c. City, Town or Anne Arundel   Annapoli:					10d. Inside City Limits 1 □ Yes 2 □ No	
	h with the	al Director	100. Street end Number 680 Americana Drive #42	10f. Zip Code 21401		10	g. Citizen of What USA	Country?	
020	is 1 and 2 should be filed within 72 hours after death with the Maryland if Heelth and Mental Hyglene, item 27 is marked other than "naturel", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 Never Merried 2 Married 3 Nover Merried 4 Divorced  12. Was Decedent Ever In U.S. Armed Forces?  X Yes 2 No 51 - 52 Yes (Give 1 951 - 52 Yes or Detes:	B. Was Decedent of P If Yes, specify Cub 1 ☐ Yes 2 ☐ No	Hispanic Origin? (Spe een, Mexican, Puerto I Specify:	cify Yes or No- Rican, etc.)		merican Indien, /hite, etc. Vhite	
Maryland 21215-0020	d within 72 ho glene. rr then "netur . the Medical	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementery/Secondery (0-12)  12  16a. Dec (Gh (Gh iii)  Paint		patlon during most of worki d)		Sb. Kind of Busine		
and	d be file	Be	17. Father's Neme (First, Middle, Last) Fred Alvion Hughes		18. Mother's Neme Sarah Et				
lany	2 should end Men is marke sumstic	To	19a. Informent's Neme/Reletionship (Type, Print) 19b. Me		t end Number or Rura	i Route Number,	City or Town, Stet		
				6 Jenning: position (Neme of	s Chapel R		oc. Location - City		
Baltimore,	Pege net: H int: H		cemetery, cr	remetory or other ple	emetery 3/			oring, MD	
Balt	permit. Peges 1 and Department of Heelth Important: If item 27 any injury or other to 2059.		21. Signature of Fupagal Starvice Licenses		d Address of Facility sty Funeral Home, P.A. dgely Ave. Annapolis, MD 21401				
	Dhoolala		23a. Pert1. Enter the dispase, or complications that caused the deeth. Do not a shock, or heart feilure. List only one cause on each line.					Approximate Intervel Between Onset end Deeth	
4	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)  Respiratory	Failure				Chronic	
		ner	Due to (or es a cons  Emphysema	equence of):				Decades	
	tificate be axecuted g physician and as the buriel-transit	Examiner	D	equence of):			<del></del>	Joodaco	
68760,	te be a ysician te burie	edicai E	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events cause).	equenca of):					
			resulting in death) Last						
Box	deeth cert	Physician/N	Pert II. Other eignificant conditions contributing to death but not resulting in the	underlying cause gi	ven in Pert I.	23b. Dld tob	acco uee contrib	ute to the cause of death?	
s, P.O	requires that the death cer ween signed by the ettendir hould be detached for use	by Phy	Cardiomyspetty/Cor poline	sucla		7× vo	2 □ No 3 □	Probably 4 Unknown	
Records,	2 S W	Completed	UGI Bleeding			24a. Wes en performe		b. Were autopsy findings aveilable prior to completion of cause of death?	
al R	The Bag		7			1 ☐ Yes	2)X No	1 □ Yas 25 No	
Vital	Physician: The ribis certificate rail director, pag	o Be	25. Wes case referred to medical examiner?	Ott	26. Plece of Deeth				
of	F FE	<del> </del>	27. Menner of Deeth 28a. Dete of Injury, 28b. Time	of 28c. Inju	4 🗆 Nursing Hor	ne 515 Residen 18d. Describe hov	ce 6 Other (S	Specify)	
sion	Attending ir death. sctor: Afte by the fune	atlo	↑ Seturel 5 Pending (Month, Dey Year) Injury 2 Accident investigation		rk? ]Yes 2 ☐ No				
Division	To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Al completely filled in by the fu	Certification:	3 ☐ Sulcide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Pleca of Injury - At home, ferm, subtiliding, etc. (Specify)	itreet, fectory, office	4	28f. Location (Stre City or Town,	et end Number or Stete)	Rural Route Number,	
	Hospi     24 hou     Funer letely fill	edical	29e. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, dee 2 Medical Examiner: On the base of exemination and/or and manner stated.	eth occurred et the ti investigetion, in my o	me, dete end plece, e opinion, deeth occurre	nd due to the cau ed et the time, det	ise(s) end manner e end placa, and o	r as steted. due to the ceuse(s)	
	To the To the comp	Me	296. Signature and file of certifier	Dc. License number 29d. Dete signed (Month, Dey, Year)					
			1 Januar &	Dz	3142		120(	75	
0	10		S.D. Krimins, M.D. 900 Bestgate R		polis. MD		1		
	Sta	te	31. Deterfiled (Month, Dey, Year) 32. Registrats Signeture	- July Emaile	F /				

Mr. P. P -Y :

STATE REGISTRAR

t. DECEDENT'S NAME (First, Middle, Last)

221-16-4067

9e. FACILITY NAME (If not institution, give street and number

Pugh

5. SEX

1 - M 2XXF

67

Pauline

4. SOCIAL SECURITY NUMBER

Pages 1, 2, 3 should DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY 100. STATE DE 10c. CITY, TOWN OR LOCATION LINCOIN 10b. COUNTY Sussex permit. FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE RD#2 Box 38 K 19960 as the burial-transit retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES t Never Married 2 Married BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY nse (Specify only highest (Give kind of work done life. Do NOT use retired.) ᇤ Elementary/Secondary (0-12) College (1-4 or 5 +) page 5 should be detached for COMPLI 8 Homemaker Domestic once. 16. MOTHER'S NAME (First, Middle, Melden Surneme) 17. FATHER'S NAME (First, Middle, Last) 75 James Pugh Cora Adams notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Thomas Henry Harrington Jr RD#2 Box 44 Lincoln, DE. 19960 24 hours after death. Page 6 may be pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Might a 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) funeral director, Codd FEIIows Cemetery 2/27/96 Milford, DE. examiner 22. NAME AND ADDRESS OF FACILITY
Ambruso Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1175 S. State St. Dover, DE. M00823 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or haert faiture. List only one ceuse on each line. filled in by IMMEDIATE CAUSE (Final the disease or condition SSUSPE CV DUE TO (OR AS A CONSEQUENCE OF): completely reaulting in death) traumatic event, executed burial, CONGROF LARYNX. CERTIFICATION and Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF) the attending physician at Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING DR ATTENDING PHYSICIAN: The law requires that the death certificate be other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL of CANCER any LUNE. OF 1 TYES 2 NO Shows PSRPHEDIAL VASCULAR, DISTASE been t. of t DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN A Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Item certificate to the State 1, or Item EXAMINER? HOSPIPAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 27, MANNER-OF DEATH 28b. TIME OF INJURY 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED this c marked, Natural 5 Pending м 1 YES 2 NO BY After 1 Investigation 2 Accident 28e, PLACE OF INJURY - At home, larm, street, lectory, office 3 Sulcide 8 Could not be determined 60 DIRECTOR: A COMPLETED 4 Homicide 28 item 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end menner ee stated. FUNERAL D within 72 h HOSPITAL 2 MEDICAL EXAMINER: On investigation, in my opinion, death occured at the time, data end place, and due to the ceuse(e) end menner ee stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER THE F BE 10 D 13191 223 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1RLES 5011 560 31. DATE FILED (Month, Day, Year) MAR 1 1996 12. RECHETRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

HARRINGTON

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

96 05702

3. TIME OF DEATH

B. BIRTHPLACE (State or Foreign

0215

VA.

10d, INSIDE CITY

14. RACE — American indian, Black, White, etc.

specify:White

1 YES 2X NO

YEAR

West

tog. CITIZEN OF WHAT COUNTRY?

1996

9c. COUNTY OF DEATH

WICOMICO

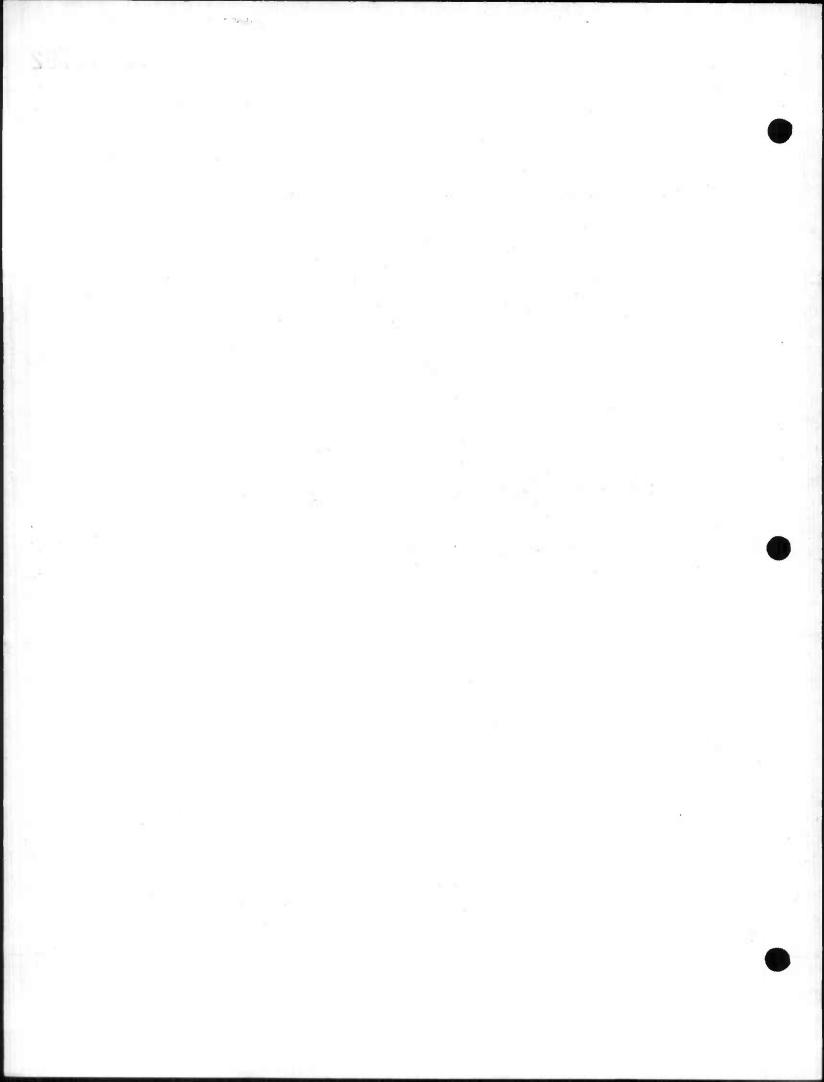
USA

REG. NO. 2. DATE OF DEATH DAY

FEBRUARY 24

7. DATE OF BIRTH (Month, Day, Year) 4/22/28

20c. LOCATION — City or Town, State 19901 Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29d, DATE SIGNED (Month, Day, Year) BIOZRIVERSINE NR SALISIBURY,MA DHMH, 16 Rev 1/89



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BALTIMORE, MARYLAND 21215-00	hours after death. Page 6 may be retained by the hospital or attending ph	ompletely filled in by the funeral director, page 5 should be detached for use as the bu
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	60	D.
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	5	filler
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092	with	plet
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Pages 1, 2, 3 should

permit.

burial-transit

DIVISION OF VITAL RECORDS, P.O. BOX 68

( )	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cromation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifi
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	10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, crismation, or removal.	M

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BE 2 4 Nomicide

31. DATE FILED (Month, Day, Year)

1996

96 05703 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 2 YEAR 29 Ruffino J. Iula 1996 6:00am A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Country) (Month, Day Year) 1902 Baltimore, Md. DAYS 217-07-4551 93 1 K M 2 F 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATN DIRECTOR 3512 Bank Street Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore to YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3512 Bank Street 21224 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 25 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, atc. 1 Never Married 2 Married It yes, specify Cuban, Mexican, Puerto Rican, stc.) t TYES 2 TX NO Specify. Specify: White BY 3 Widowed 4 Divorced ETED. 15. OFCEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) National Symphony 12th COMPL Musician Orchestra once. t7, FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) te John Iula Teresa BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) friend 2 Margaret V. Morrissey 203 Bright Oaks Drive Belair, Md. 21015 pe 20a. METHOD OF DISPOSITION

1 Pk Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE must Loudon Park Cemetery 3/2/\$6 Baltimore Md. 4 Donation 5 C Other (Specify) 22. NAME AND ADDRESS OF FACILITY Joseph N. Zannino Jr. Guneral Home 263 S. Conkling St. Baltimore, Md.21224 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Funeral Home 2 Baltimore, Md. rec 71. medical 23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heert fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition resulting in death) SEPSIS event, DUE TO (OR AS A CONSEQUENCE OF) GEPIRATION FI PNEUMONIA other traumatic CERTIFICATION Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST 6 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL WERE AUTOPSY FINDINGS **AMILABLE PRIOR TO** STROKS shows any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 2 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 - YES 2 NO t | Inpatient 2 | ER/Outpetient 3 | DOA me 5 KRealdenca 6 - Other (Specify) 6 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED is marked, NJURY 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED

29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TULLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) HOPKINS Stevens 5505

32. REGISTRAR'S SIGNATURE Davidson

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1. DECEDENT'S NAME (First,	Middle, Last)								OF DEATH			3. TIME OF DEA	TH	
	Marie.	John	SOM						Febr			196	2:25	P	
	4. SOCIAL SECURITY NUMB		5. SEX		rs. lest birthday)			IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRTH Country	IPLACE (State or F	oreign	
	214 26 482	1	1 M 2 X F		66 YRS.	MONTHS	DAYS	HOURS MIN.		26 19	29		ryland		
OR	9a. FACILITY NAME (If not ins Mercy Ho	spita.				Baltimore, Maryland					· ·				
DIRECTOR	Maryland	10b. COUNT	ne Arunde	91		10c. CITY, TOWN OR LOCATION Baltimore								10d. INSIDE CITY LIMITS?  1 YES 2 X NO	
ERAL	100. STREET AND NUMBER 5101 Brook	kwood	Road			107. ZIP CODE 21225					10g. CITIZEN OF U.S.			WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2  3 Widowed 4 Divo			NT EVER IN U. 1 YES WAR OR DATE	2 NO	11	yes, spe	ecity Cuban, Maxi	can, Puarto		s or No-	14. RACE Black Speci	ACE — American Indian, ack, White, atc.		
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TO BE COMPLET	Elementary/Secondary (0 10th		Nome Maker					ome							
	17. FATHER'S NAME (First, Mi					elen	Willge	et							
0	19a. INFORMANT'S NAME (7) Charles J				and Number or Run d Road					and 212	25				
			-												
	20a. METHOD OF DISPOSITION  1 X Burlai 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Cedar Hill Cemetery  3/4 Baltimore, Maryland												Б		
	21. SIONATURE OF, FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225														
ATION	23. PART I. Enter the di shock, or he		Implications the	nat caused the	he death. Do	400	01 1	Ritchie	Hwy.	Balt	imore	, Mc	Approximatel	nata Betw	
ICATION	23. PART I. Enter the dishock, or he immediate CAUSE (Fin disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or inju	tions, ediata	a. Anor	LIC BREDO COR AS A CO	un Ivonseouence Myoca onseduence rymn	not enter the	O1 I	Ritchie	Hwy .	Balt	imore	, Mc	1. 21225 Approxim	nata Betw	
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injust the finitiated events resulting in death) LAS  PART II. Other eignification of the cause of the	tions, distantiant conditions and conditions and conditions and conditions are conditions and conditions are conditions and conditions are conditional conditions.	a. Ayo' DUE T b. CARd DUE T c. Card DUE T d. DIE T TRIBUTE TO C HOSPITAL: 128e. DATE ( (Month,	O (OR AS A CO)))))))))))))))))))))))))))))))))))	MYDCA ONSEQUENCE  CYTHW ONSEQUENCE  TO THE ONSEQUENCE  TO THE ONSEQUENCE  TO THE ONSEQUENCE  TO THE ONSEQUENCE  TO THE ONSEQUENCE  TO THE ONSEQUENCE  TO THE ONSEQUENCE  TO THE ONSEQUENCE  TO THE ONSEQUENCE  At home, farm	ADD INTO ANTER A DISTRICT MANUEL MANU	O1 I	g cause given  UNCERTA  TORK?  YES 2 NO	In Part I.	Balt  24a. WAS AP PERFO 1 UVES:	imore irstory arra  NAUTOPSY RMED? 2 XNO  INJURY OCC and Number	MC 24b	Approxition of the state of the	Printer Between De Bet	
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at the state of

6 may be retained by the hospital or attending physician.	ctor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	nust be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 he fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ted, or item 23 shows any

	ITEMS: 1.12.16b,17	.18. PER F	.H. FILM	G733	3/7/96 t	.t				96	0570		
	FOR 1 - STATE REGISTRAR		ARYLAND /	DEPAR	TMENT OF	HEALTH AN	D MENTA	L HYGIENE					
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			TIME OF DEATH		
	ARTHUR LeROY  4. SOCIAL SECURITY NUMBER	J.A. 5. SEX	CKSON  6. AGE (In yrs. la:	III	IF UNDER 1 YEA	IF UNDER 24 HR		BRUARY	27,19		CE (State or Foreign		
À	215-50-2238	1X M 2 □ F	45		MONTHS DAY		(Mor	nnth, Day, Year) 10 28,1950 Maryland					
	9e. FACILITY NAME (If not institution, give a					OR LOCATION OF	F DEATH		9c. COUNTY				
DIRECTOR	Stella Maris Ho	ospice			Bait	imore			BA	LAIN	TORE		
EC	10e. STATE 10b. COUNTY	r		10c, CIT	Y, TOWN OR LO	CATION				100	1. INSIDE CITY		
E	Maryland			Bal	timor	е				13	LIMITS?		
	10e. STREET AND NUMBER		- '			101, ZIP CODE	-		10g. CITIZEI	N OF WHAT	COUNTRY?		
ER	4864 Greencres	t Road				21206			USA				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED		ECENDENT OF HIS			or No — 14	RACE -	American Indian,		
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 1				ecity:	riceri, etc.;		Specify:			
ED E	15. DECEDENT'S EDU	CATION	18e Di	CEDENT'S	USUAL OCCUP	TION	140	b. KIND OF BUS	INESS (INDI IS		Black		
ITE	(Specify only highest grade	completed)	(G	Rive kind of v	work done during	most of working	8		INESS/INDOS	INY			
PLE	Elementary/Secondery (0-12) High School Grad	College (1-4 or 5	Bel.	l Cap	tain		T	al Mora	l Con	do			
COMPLET	17. FATHER'S NAME (First Middle, Last)							Middle, Meiden					
BE C	Arthur Ray Jackso	n Jr.				Jacqu	eline	Anita	Foste	- F00T	E		
TO B	19e. INFORMANT'S NAME (Type/Print)					et and Number or Ru							
F	Kathy P. Jackson 4864 Greencrest Road Baltimore, Md. 21206												
	20e. METHOD OF DISPOSITION  100 Burlel 2 Cremettor 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetry or other place)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State												
	Arbutus Memorial Park 3/1/96 Baltimore, Maryland												
	21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NUTTER FUNERAL HO												
	Herliet 2 hull 2501 Gwynn Falls PKY Balt. Md. 21216												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert feiture. Liet only one ceuse on each line.  Approximate interval Between												
	IMMEDIATE CAUSE (Fine)	Liot only one out	and our document	φ.							Onset and Deat		
	disease or condition reaulting in death)	a	AIDS								UNKNOWN		
		DUE TO	(OR AS A CONSE		•						6		
ON	Sequentially liet conditions,	b	(OR AS A CONSE	-	ECTION						~8 grs.		
ERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING	DOE TO	(OH AS A CONSE	OUENCE OF	r):								
FIC	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSE	OUENCE OF	F):						l		
H	resulting in death) LAST	d.											
O			d	- total	t- ab d - d		1 - 0 - 1 1	T					
MEDICAL	PART ii. Other significant condition	a contributing to	deeth but not	resulting	in the underly	ing cause giver	in Part i.	24a. WAS AN		AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO		
ğ								1 TYES 2,	NO		MPLETION OF CAUSE DEATH?		
	DID TOBACCO USE CONT	DIDLITE TO CA	LICE OF DE	ATLI VI	S CI NO	E LINICEDT	TAINI CT			1 [	YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CA			TH (Check only o		AIIY L	<u> </u>					
SICI	EXAMINER?	HOSPITAL:	FR/Outpetient	3 □ DOA	OTHER:	ome 5 D Resider	200 A 57 OH	ner (Specific) TT	OCRECI	7	AU MEDCY		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF 28c.	ome 5 Resider		ESCRIBE HOW IN			AT MERCY		
	1 Natural 5 Pending	(Month, L	Jay, Year)	IN.	M 1	WORK? YES 2 NO							
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE ( building,	OF INJURY — At he etc. (Specify)	ome, ferm,	street, factory, o	ffice		CATION (Street a y or Town, State)	et and Number or Bural Route Number, ate)				
LET	29e. CERTIFIER 1 DC CERTIFYING PHYSICIAN: To the bast of my knowledge death occurred at the time date and place and due to the causa(a) and manner as stated												
OMPL	29e. CERTIFIER  (Check only one)  2												
00	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE					onth, Day, Year)		
113											,,,		

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TO BE

TESNANDO
31. DATE FILED (Month, Day, Year)
MAR 1 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5800

132. REGISTRAR'S SIGNATURE who Davidson-Amdall

DHMH-18 Rev 1/89

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

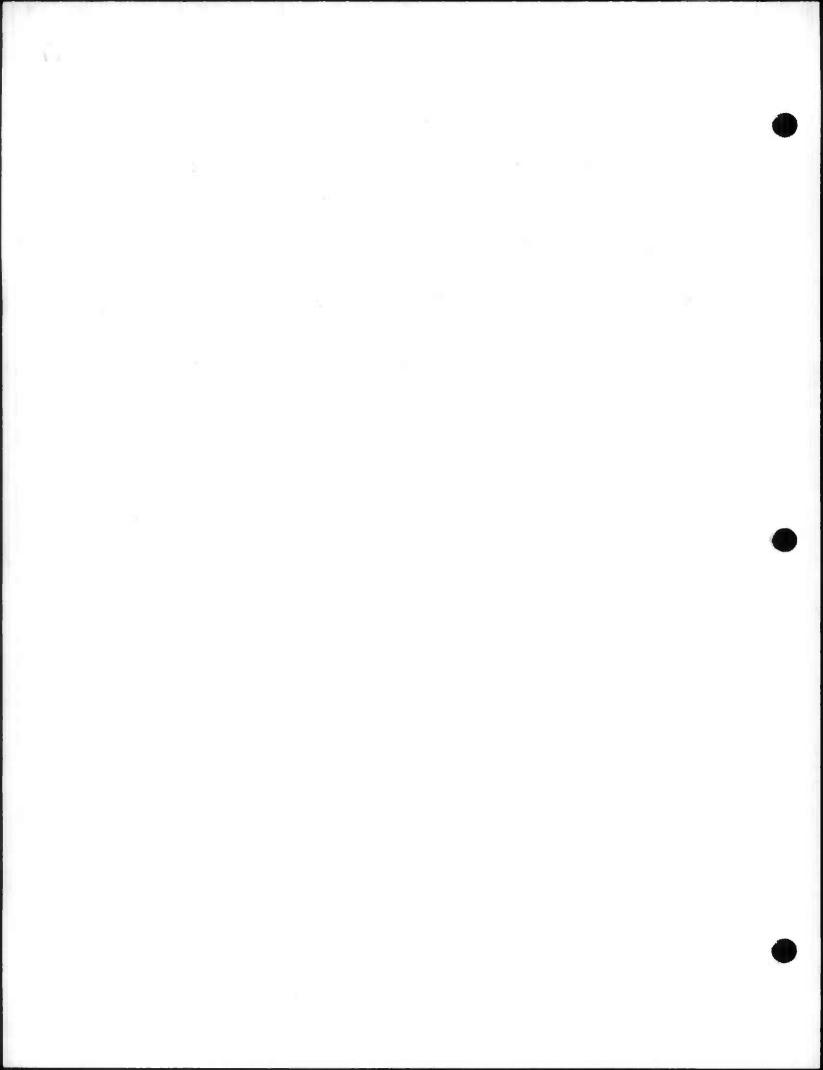
-							Cel	Tillcate	OT I	Death			Reg. No.					
	Physic /Med		1. Decedent's Nam	Agne	S	Jones						2. Dete of De Month Februa	ry 28	, 19	Yeer 996		ne of Deeth 20 P.M.	
P	Exami	ner	4a. Facility Nema (1			141			1	4b. City, To		ocation of Dea Jaure 1			of Deeth Arun	Labo		
	Funeral Director		5. Sociel Security N 214-50-8	lumber 6.	Sex 1□M XXXF	7	80 Yrs.	if Under 1 Months I	Yaer Days	If Under Hours		8. Date of Bi (Month, D	rth ey, Year)		9. Birthpi Count	iace (St	ete o <i>r Foreig</i> n New Yor	
	the Maryland 28a-f show	tor	Usuel Residence o	10b. County  Anne Ar	undol		ity, Town or Lo	cation							10		de City Limits	
	or 28a	Director	10e. Streat and Nu		unger	بال ا	aurei	10f, Zip C	ode				10g. Chia	zen of W	/het Count	try?		
	23a c		3397 Four	ntain Gr	een Sout	th_		207	24				US	SA				
020	within 72 hours efter deeth with the Maryland jiene. Then "natural", or fterna 23a or 28a-f show the Medical Experient mant be nottled at	by Funeral	11. Marital Status 1 □ Never Marr 3 □ Widowed	ied 2∏Merried 4 □ Divorced	Armed F	2 X No ive		Ves Deceder Yas, specify □ Yes 25		lispanic Ori an, Maxicar Specify:		ecify Yes or N Rican, atc.)			e - America k, White, a : Whi	atc.	n,	
21215-0020	within 72 hours ene. then "naturel",	Completed	(Spec	15. Decedent's light only highest g	rada complated)	(1-4or 5+)	(Give	lent's Usuel ( kind of work DO NOT use	done	durina mos	t of work	ing	16b. Kir	nd of Bu	siness/ind	lustry		
nd 21	Hygi ther int,	Be Con	12 17. Fether's Name	(First, Middle, Las	Ø		Ноп	emakei	-	18. Mothe	er's Nem	e (First, Middle		n Ho				
Maryland	should be ord Mentel marked or umatic ave	2	Unavaila									able						
Mai	0 0		19e. Informent's No Ralph E.		1 71 7							al Route Numb		_			27.	
	Heelth Total		20a. Method of Disp		usballu	20b.	Plece of Dispo	Founta sition (Nema	of		11 30	Data .	Laure		MD City or Tox			
altimore,	Page nert o int: If i		1 Buriel 2-4 Donetion	Cramation 3  S □ Other (Spec	eify)		altimor	,	in	gton		2/29	Lau	rel	, Mar	yla	nd	
ä	permit. Departminports any inju		10	2000	Shello	206	,	Fleck	Fu	neral	Hon	ne, Inc					_	
	Physician /Medical		23a. Part1. Enter to shock, or hee		mericetions thet y one ceuse on	calified the bell	Do not anti	or the mode of	of dyin	ig, such es	cerdiec	or respiratory	arrest,	eı,	MD 2	Approx	dmete ii Between	
	Examiner	Jer	diseese or conditio resulting in deeth)	ń	e. V	Due to	(or es a conseq	uence of):	re	east	(	ance	PY		44	341	ears	
,0	e executed ian and urial-transit	i Examiner	Sequentielly ilst co if any, leeding to in ceuse. Enter Under	nditions, nmediate orlying	b	Due to (	or es a conseq	uence of):										
ox 68760,	certificate be executed nding physician and use es the burial-transit	n/Medical	Cause (Diseese or thet initieted events resulting in deeth) I	ast	c	Due to (	or es e conseq	uence of):										
Bo	etten for u	ician	Doct II. Other claud	laant oon dittoor		least but and an	and the first of the sales and the sales and the sales are sales as the sales are sales as the sales are sales as the sales are sales as the sales are sales as the sales are sales as the sales are sales as the sales are sales	ded to a second		an In Paid I		not Did	Anhana		1	46		
P.O.	that the de ned by the e detached i	y Physicia	Part II. Other signif	cant conditions	contributing to d	leath but not re	suring in the ur	nderlying cau	se giv	en in Part i	•		Yes 2		3 Prob		4) Unknown	
of Vital Records,	The lew requires that the death tte hes been signed by the ette page 2 should be detached for	Completed by											s an eutop ormed?	sy	ava	nilable p	prior to	
E E	. Ob man	Сош										10	Yes 25	No	1 🗆	] Yes	2 No	
Vita	Physician: The	Be	25. Wes cese reference exeminer?	red to medicel	Hospitel:				I ou		of Deet	h (Check only	one)					
of	Phys ral di	: To	1 ☐ Yes 2 ☐		28a. Dete		ER/Outpatien		Oth	4 LI NU	irsing Ho	me 5 2 Res 28d. Describe				)		
ion	Attanding For deeth.  actor: After by the funer	ation	1 Neturel 2 Accident	5 Pending Investigetion	(Mon	nth, Dey Year)	Injury	M	Mori 1	k?` Yes 2□	No	200. 20001100	11000 1113017	, 000011		20724  cown, Stete  ryland  20707  Approximate Intervel Between Onset and Deeth  3 / 2075  to the cause of death' bably 4 Unknow  era autopsy findings allable prior to mpletion of cause deeth?  Yes 2 No  3/ Route Number,		
Division	al or Attandir s efter deeth. if Director: Af ed in by the fu	Certification:	3 ☐ Suicida 4 ☐ Homicide	6 Could not determine	288. PIECE	e of injury - At hing, etc. (Spec	nome, ferm, stre ify)	eet, fectory, o	ffice	-		28f. Location City or To	(Street end	d Numbe	er or Rurai	Route	Number,	
	To the Hospital or A within 24 hours effer To the Funeral Director Completely filled in b	edical (	29a. Certifier (Check only one)	Certifying P	hysician: To the miner: On the b end men	best of my knowasis of axamination	owledge, deeth ation and/or inv	occurred et estigetion, in	the tin	ne, dete en pinion, dee	d plece, th occur	end due to the red et the time	ceuse(s) date end	and mai place, a	nner as ste and due to	sted. the cau	ıse(s)	
	To the To the comp	Me	29b. Signature end	title of certifier A	nand	(, M)	>			9 number 334	82				9 , 1			
	20		30. Neme and eddre	^	1 41	se of deeth (Ite	m 23e) (Type, I	Print) Hanov	er	Pari	lewar	y Gra	een b	elt	Me	d.;	20770	
	Sta	ate	31. Dete filed (Mont	th, Day, Yeer)	36	egistrar's Sign	eture	92.				>						

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TO THE CENTRAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FURTH. FECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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							30 03/0/
	FOR 1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGII		
	1	□ <b>M</b> 2 <b>X</b>	E (In yra. lest birthday)  8 YRS.	UNDER 1 YEAR FUNDER 24 HRS. THS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	2. DATE OF DEATH MONTH F Z B - 7. DATE OF BIRTH (Month, Day, Year, OLL - O 9 -	DAY 2/-	S. TIME OF DEATH  A. 2 AM  B. BIRTHPLACE (State or Foreign Country)  A. C. AM  A. C. AM  TY OF, DEATH
RECTOR	LAVINGTON KNOWN RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	S Nursir	/ 10c, CITY, TO	BAITIMO WYORLQCATION	re	BAL	timore City  10d. INSIDE CITY  LIMITS?
FUNERAL DIRECTOR	MIRAJANO BOLY  100. STREET AND NUMBER  22 S. Athol	Imore C	Jan Pal	101. ZIP CODE 2/229		10g. CITIZ	1 X YES 2 NO ZEN OF WHAT COUNTRY? USA
≱	11. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 1940	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 VES 2 NO Speci	an, Puerto Rican, etc.)	Yea or No-	14. RACE — American Indian, Black, White stc. Specify: White stc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) college (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working fred.)		business/ind	USTRY
BE COA	17. FATHER'S NAME (First, Middle, Last) John J. Jindra			Joseph	ame (First, Middle, Main nine Haura	anek	
2	19a. INFORMANT'S NAME (Type/Print) Jill Rosenstein			t St. Suite 5			
	26a. METHOD OF DISPOSITION  1)C Burlel 2 Cremetion 3 Ramoval  4 Donation 5 Other (Specify)	I from State	20b. PLACE OF DISPOSITION Officer place) Bohemian N	N (Name of cometery, crematory or ational 2-	-24-96 Ba	altimor	City or Town, Stata Ce, MD
	21. SIGNATURE OF FUNERAL SERVICE-LICENS	Kill	77	Cvach/Rose 1211 Chesa	dale Fund	eral Ho	ome
	23. PART I. Enter the diseases, or comshock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	pilications that cause of only one cause of Outry	thma				Interval Batween Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST		S A CONSEQUENCE OF):	asdio vo 8 culo	er dis	ease	2_ ·
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of	contributing to deat	h but not resulting in t	ne underlying cause given is	PER	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
SICIA		IOSPITAL:		26. PLACE OF DEATH (C) THEPT: Rursing Homa 5  Residence			
	27. MANNEB OF DEATH  1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	RY 26b. TIME O		28d. DESCRIBE HO	W INJURY OCC	CURED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJI building, etc. (3	URY — At home, farm, stree Specify)		281. LOCATION (Str City or Town, S		or Rural Route Number,
COMPLETED	(Orack Oray	_		t the time, date and place, and do n my opinion, death occured at th			ne cause(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME/AND ADDRESS OF PERSON WHO C	COMPLETED CALLES OF	M.D	29c. LICENSE N	MBER 1127	29d. DAT	E SIGNED (Month/Dey, Year)
	AZRA AHMEI	DMD	300 am	vory place	Ballim	we	MD 21201
	31. DATMAR 11. 0.1996	Pag REGISTRAR'S S	-Randell	U			



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

		FOR	CTATE OF 1	IADVI AND	/ DED	<b>The Co.</b>	<b>0</b> 5 (1)				_	0 (	, , , , ,
		1 - STATE REGISTRAR	SIAIE UF N					DEATH AND I	MENTA	L HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last) VIRGINIA KLEMK	COWSKI						FEB	OF DEATH RUARY	¥ 27,	<b>19</b> 96	7:30a
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign
pino		220–46–8784  9a. FACILITY NAME (If not institution, give :	1 M 2 Type	83	YRS.					ary 22,1		Mary TY OF DEAT	
2, 3 should	OB	Keswick Home	over and named,					imore	AITI		н		
<del></del>	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ		10c, CIT	Y, TOWN O				N/A			d. INSIDE CITY
physician. burial-transit permit. Pages		Maryland Ba	altimore				ltim				10a CITIZ	1	LIMITS?  YES 2 NO T COUNTRY?
n. ansit pr	FUNERAL	3 Ruxview Court						21204			log. Of the	LISA	COUNTAIT
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. AI	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No					or No-	14. RACE -	American Indian, filte, atc.	
r attending use as the	TO BE COMPLETED	15. DECEDENT'S EDU	ICATION	16a. Di	ECEDENT'S	USUAL OC	CUPATIO	ON .	160	. KINO OF BUS	INESS/INDU	JSTRY	White
spital or led for u		Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)					st of working		Own H	lomo		
de de		17. FATHER'S NAME (First, Middle, Last)			Homema			16. MOTHER'S NA					
		Francis Judson Moor	<u>e</u>	10	h MAII INC	ADORESS	/Street e	Virgi		has Chara Tarre		Grail	
		M.L.Miller											
Page 6 may be al director, page ner must be r		M.L.Miller  4 Brierleigh Court Lutherville, Maryland 21093  20s. METHOD OF DISPOSITION  Burlel 2 Cremetion 3 Removal from State Donation 5 Other (Specify)  20b. PLACE AND DATE of DISPOSITION/Name of cemetery, cremetory or other place)  Dulaney Valley Memorial Gardens 2/29  Lutherville, Maryland											
after death. Page 6 may be by the funeral director, page smoval.		21, GOMATURE OF FUNERAL SERVICE LIC	CENSEE	26		22. 1	AME AN	D ADDRESS OF FA	tche:	ll-Wiede	feld H	ome	yTulio
d in by the or removal.		23. PART I. Enter the diseases, or	complications that	caused the de	esth. Do n	ot entar	JU YO	ork Road Ba	altimo	ore, Mar	vland	21212 est.	Approximats
R O File		shock, Dr heart failure.  iMMEDIATE CAUSE (Finel disesse or condition reaulting in dasth)	List only one cau	aa on aach line	о.					,	,		Interval Batween Onset and Death 7days
ecuted will nd comple burial, cre	N	DUE TO (Off AS A CONSEQUENCE OF):  Sequentially list conditions  b.											
nte be execute ysician and o prior to buria traumatic	CATIC	if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
death certificate be executed within attending physician and completely ental Hygiene prior to burial, crematiny, or other traumatic event, t	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):											
y the attended Mental H		PART II. Other significent condition	ns contributing to	deeth but not	reauiting i	n the un	derlying	cause given in	Part I.	24a. WAS AN		24b. WE	RE AUTOPSY FINDINGS
that bed b	MEDICAL	- Olskeiner's	Dusca	se						PERFOR		co	MPLETION OF CAUSE DEATH?
e law requires has been sign Dept. of Healt		DID TOBACCO USE CONT	RIBUTE TO CAI	USE OF DEA	TH YE	S 🗆 N	10 🗆	UNCERTAIN	10	,		1 [	YES 2 NO
SiCiAN: The law requestrificate has been the State Dept. of the 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT	N (Check o							
Sician certific the S	HYS	1 YES 2 NO 27. MANNER OF DEATH	1 □ Inpatient 2 □		26b. TIM	4 X Nurs		5 Residence		F (Specify)	LILIBY OCC	IBEO	
After this of death with s marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	ly, Year)	INJ	URY M	1 Y	RK?	200.02	, , , , , , , , , , , , , , , , , , , ,		JILO	
TOR: A after d		3 Suicide 6 Could not be determined	28e. PLACE Of building,	INJURY — At ho	ome, ferm, s	treet, facto	ry, office		281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				Number,
로 보다 =	COMPLETED		ICIAN: To the best of ax										d manner ea stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: II		29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
THE TO THE DE filed MPOR	TO BE	M Isabelle 7	e gre	goz h	<u>)</u>			D1363	57				
		30. NAME AND ADDRESS OF PERSON WIN	RECOR,	700 LU	м 27) (Typo, 40 Чл	Print)	DT.	BALTIN	7001	> MAD	V/ AA	1771	211
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAI	R'S SIGNATURE	1 - 100	21.00		1.0.10/11	10/0	-) + 1011	1011/	V	

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	1. DECEDENT'S NAME (Firs		CERTIFICA				2. DATE OF DEATH MONTH DAY			YEAR	3. TIME OF DEATH		
	JOHN					LLY SR.			Feb 26 1996				10:20 pm
	4. SOCIAL SECURITY NUM 220–03–1415	BER	5. SEX	6. AGE (in yrs.	VRS. IF I	THS DAYS	HOURS	MIN.		of BIRTH 1 Day, Year) 1 ary 28,4		Counti	PLACE (State or Foreign y)
_	9e. FACILITY NAME (If not institution, give street and number)					CITY, TOWN	OR LOCATI	ON OF DE	HTA		9c, COU	NTY OF D	EATH
DIRECTOR	RESIDENCE OF DE		edical Cente	r		То	wson	Mar	yland			Baltin	more
REC	10e. STATE	10b. COUN	тү		10c. CITY, TO	ITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
. 1	Maryland		Baltimore			Baltim							1 TES 2XX NO
FUNERAL	100. STREET AND NUMBER					10	r. ZIP COD				10g. CIT		WNAT COUNTRY?
		6427 Blenheim Road  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.					212		10.001011	7 (Specify Yes			USA
	1 Never Married 2	1 Never Married 2 Merried FORCES? 1 YES				If yes, ap	ecify Cube	n, Mexicar	n, Puerlo R		or No-	Bleck	E Americen Indian, k, White, etc.
BE COMPLETED BY	3 Widowed 4 DA	3 Wildowed 4 Differed IF YES, GIVE WAR OR DATES					2 (X NO	Specify	v.			Spec	White
	15. DEC (Specify on		DECEDENT'S USU	AL OCCUPATI	ON ast of worki	na	16b.	KIND OF BUS	INESS/INC	DUSTRY			
	Elementary/Secondery (		College (1-4 or 5	+)	life. Do NOT use reti	ired.)							
		3 Owner Auto Dealership							hip				
	17. FATNER'S NAME (First, A			18. MOT			Aiddle, Maiden						
	Charles Bernard Kelly Mary Anna Rossing  198. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	John Albert Kelly Jr  800 Maplehurst Lane Monkton Maryland 21111												
	, 2PA, METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stat										own. State		
	XXX Buriel 2 Cremati		moval from State		ey Valley	Memoria	al Gar	rlens	1	100			Maryland
	21, SCHATURE OF FUNER	AL BEHYICE L	JOENSEE /	/	1	22. NAME A		SS OF FAC	CHLITY				_
	W. Marianos	Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212										rera	HOME
_	23. PART i. Enter the diseased or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate												
7	23. PART i. Enter the c	diseased or	complications the	May	death. Do not a			Road	d Bal	ltimore	e, Ma	aryla	and 21212
T.	ahock, or I	heart fellure	complications the	MAI at caused tha use on eech i	death. Do not a			Road	d Bal	ltimore	e, Ma	aryla	Approximata Interval Between
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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

-		1. Decedent's Name (First, Middle, L	ast)		Certificate of	Dealii	2. Date of De		6	3. Tima of Dea	
Physic		Betty Jane KOBRICK				Month Februa	Day Yaar 1ry 28,1996		9:01 PM		
/Medi Exami		4a. Facility Nama (If not institution, g		DICIGIC		4b. City, Town, o	Location of Deat			7.01 11	
LAGITIS		Franklin Squ	are Hospital			Ross	sville	Balti	more		
Funeral				n yrs. last birt	thday) If Undar 1 Yaa		s. 8. Data of Bir			piaca (Stata or For	
Director	_	213-30-5072 Usual Residence of Decedent	1□ M 20XF	63	Yrs. Months Day	s Hours Mir	8. Data of Bir (Month, Da NOV • 20	,1932		yland	
ehow		10a. Stata 10b. County	10	c. City, Town	n or Location				1	0d. Inalde City Lir	
Mar Page	to	Md. Bal	timore		Rose	dale				1 ☐ Yas 2 🗵	
3a or 28	Funeral Director	10e. Street and Number 1221 Spring A	ve.		10f. Zip Coda	21237	10g. Citizen of USA			ntry?	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jer.	11. Maritai Status	12. Was Decedant Eva	r In U,S.	13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (	Specify Yes or No	- 14. Rac		ean Indian,	
illed within 72 hours after death with the Maryland Hygiene. Ither than "natural", or items 23a or 23a-f ehow ent, the Mexical Examiner must be motified at		1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 (No If Yas, Give Year or Dates:		1 Yes, specify Cu		rto Rican, etc.)	Specify	k, White, Wh	ite	
Z III	Completed by	15. Decedent's	Education	16a.	Decedent's Usual Occ	upation	1 401	16b. Kind of Bu	siness/In	dustry	
tel Hygiene. d other than "natureseent, tre Mexicon	pie	(Specify only highast g Elementary/Secondary (0-12)	Coilege (1-4or 5+)		(Give kind of work don iife. DO NOT use retii	a during most of w red)	orking				
giene.	NO.	5th			Housewif	e		own h	ome		
other vent,	Be	17. Fathar's Name (First, Middle, Las	st)			18. Mother's Na	ame (First, Middle	Maiden Sumam	Θ)		
	10	Harry Blain	e Cromwell			1	MArie Ca	lmer			
6 2 6 4	1	19a. Informant's Name/Relationship	(Type, Print)	1		urai Route Number, City or Town, State Belair Md. 21014			, Zip Code)		
Health tem 27		Rick Kobrick				ede Lane	1				
Department of Health Important: if item 27 any injury or other troops.		20a. Method of Disposition 1 □ \$\begin{align*} \text{9} \text{urial} & 2 □ Cramation & 3 \\ 4 □ Donation & 5 □ Other (Spec	☐Removal from Stata	cematar	Disposition (Nama of y, crematory or other pi ens of Fait		3/4/96	20c. Location - City or Town, State Rossville Md.			
porte y inju		21. Signature of Funeral Service Licensee  22. Nama and Address of Facility  Connelly Funeral Home of Essex									
SE E S		A TIMA	1/0	10,,		Ave. Ba			1		
		23a. Part1. Enter the disease, or conshock, or heart failure. List and	polications that caused the	deathy Do p	of enter the mode of d	ying, such as cardi	ac or respiratory a	rrest,	.1	Approximate	
hysician		SHOCK, OF HEART TAILUTE. LITTURE	y one cause on each line.	1						Interval Between Onset and Death	
/Medicai		Immediate Cause (Final disease or condition	1	KE	OUT MAN AV	M KOX	m a		I	1-2 WA	
xaminer	н	resulting in death)  Due to (or as a consequence of):								1.211	
250	je		NYPERTEI						- 1	12 4RS	
physician and se the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events  Due to (or as a consequence of):								10 110	
an ar riel-tr	EX										
physician and s the buriel-transit	edical	Causa (Disaasa or Injury that initiated events securities destrict destricts are utilized events. Due to (or as a consequence of):									
D 0		resulting in death) Last							i		
	100		l d								
andir use	5										
e ettendir od for use	iclan/	Part ff. Other significant conditions	contributing to death but no	ot resulting in	the underlying cause of	iven in Part I	23b. Did	tobacco use cor	ntribute to	the cause of de	
by the ettendir lached for use	hysician/	Part fl. Other significant conditions	_	_		given In Part I.					
ned by the ettending e detached for use	y Physician/W	Part fl. Other significant conditions  DIABETES M	_	_		given in Part I.	23b. Did		ntribute to		
on signed by the ettendinuld be detached for use	by		_	_		given in Part I.	1	Yes 25No	3 Pro	bably 4 Unk	
been sign should be	by		_	_		given In Part I.	1	Yes 2510	3 Prod	bebly 4 Unk  bere autopsy findir allable prior to mpletion of cause	
hes been sign ge 2 should be	by		_	_		given In Part I.	1 □ 24a. Was perfo	Yes 22No an autopsy	3 Prod	ere autopsy findir allable prior to mpletion of cause death?	
ate hes been sign pege 2 should be	Completed by	DIARRIES	_	_			1 □	an autopsymmed?	3 Prod	bebly 4 Unk  bere autopsy findir allable prior to mpletion of cause	
ate hes been sign pege 2 should be	Be Completed by	DIARETES A  25. Was case referred to medical examiner?	Hospital:	DULT	onst	26. Place of Do	24a. Was perfe	an autopsy med?  Yes 25 No one)	3 Proi	ere autopsy findinaliable prior to mpletion of cause death?	
this certificate hes been sign ral director, pege 2 should be	To Be Completed by	25. Was case referred to medical examiner?	Hospitai: 1   Inpatient	DULT	s ~ S € T	26. Place of Do hther: 4 □ Nursing	24a. Was perfo	Yes 25No  an autopsy med?  Yes 25No  one)	3 Production 24b. Windows of 1 Specific	ere autopsy findinaliable prior to mpletion of cause death?	
n. After this certificate hes been sign funeral director, pege 2 should be	To Be Completed by	25. Was case referred to medical examiner?  1   Yes   2   No  27. Mannar of Death   Natural   5   Pending	Hospital: 1 Inpatient  28a. Date of Injury (Month, Day Ye	DVLT  PRODUCT	tpatient 3 DOA	26. Place of Do hther: 4□ Nursing ury at ork?	24a. Was perfo	an autopsy med?  Yes 25 No one)	3 Production 24b. Windows of 1 Specific	ere autopsy findir allable prior to mpletion of cause death?	
n. After this certificate hes been sign funeral director, pege 2 should be	To Be Completed by	25. Was case referred to medical examiner?  1 Yes 2 No  27. Mannar of Death Natural 5 Pending investigatis 3 Suicide 6 Could not	Hospital: 1 Inpatient  28a. Date of Injury (Month, Day Ye)	DVLT  ER/Out 28b. T	tpatient 3 DOA Clime of Multiplury M 1 I	26. Place of Do other: 4 \( \text{Nursing}\) ury at ork? \( \text{Yes} \( 2 \) No	24a. Was perfo	Yes 25No an autopsy rmed?  Yes 25No one) dence 6 □Oth how injury occurr	3 Prol 24b. Www.	bably 4 Unkers autopsy findin allable prior to mpletion of cause death?  Yes 2 No	
n. After this certificate hes been sign funeral director, pege 2 should be	To Be Completed by	25. Was case referred to medical examiner?  1  Yes 2 No  27. Mannar of Death  Natural 5 Pending investigation	Hospital: 1 Inpatient  28a. Date of Injury (Month, Day Ye)	ER/Out 28b. T	tpatient 3 DOA	26. Place of Do other: 4 \( \text{Nursing}\) ury at ork? \( \text{Yes} \( 2 \) No	24a. Was perfo	Yes 2No an autopsy rmed?  Yes 2No one) dence 6 □Oth how injury occurr	3 Prol 24b. Www.	ere autopsy findin allable prior to mpletion of cause death? ☐ Yes 2☐ No	
n. After this certificate hes been sign funeral director, pege 2 should be	Certification: To Be Completed by	25. Was case referred to medical examiner?  1	Hospital: 1 Inpatient  28a. Date of Injury (Month, Day Ye)  28a. Place of Injury	28 ER/Out 28b. T ir At home, far pecify) y knowledge, mination and	tpatient 3 DOA Clime of Diury M 1 1 mm, street, factory, office, death occurred at the	26. Place of De wither: 4 \( \to \) Nursing ury at ork? \( \to \) Yes 2 \( \to \) No	24a. Was performed to the seath (Check only of the seath (Check only only only only only only only only	Yes 25No  an autopsy rmed?  Yes 26No  one)  dence 6 □ Oth how injury occurr  Street and Numb  wn, State)	3 Proi	bebly 4 Unkers autopsy findin allable prior to mpletion of cause death?  Yes 2 No  No  No  No  No  No  No  No  No  No	
n. After this certificate hes been sign funeral director, pege 2 should be	To Be Completed by	25. Was case referred to medical examiner?  1	Hospitai: 1 Inpatient  28a. Date of Injury (Month, Day Ye)  28a. Place of Injury building, etc. (S	28 ER/Out 28b. T ir At home, far pecify) y knowledge, mination and	tpatient 3 DOA Clime of hiury M 1[cm, street, factory, officed death occurred at the for investigation, in my	26. Place of De wither: 4 \( \to \) Nursing ury at ork? \( \to \) Yes 2 \( \to \) No	24a. Was performed to the seath (Check only of the seath (Check only only only only only only only only	Yes 25No  an autopsy rmed?  Yes 26No  one)  dence 6 □ Oth how injury occurr  Street and Numb  wn, State)	24b. WW av co of 1 [	bably 4 Unkers autopsy finding allable prior to impletion of cause death?  Yes 2 No  No  No  No  No  No  No  No  No  No	
after deeth. Director: After this certificate hes been sign d in by the funeral director, pege 2 should be	edical Certification: To Be Completed by	25. Was case referred to medical examiner?  1	Hospitai: 1 Inpatient  28a. Date of Injury (Month, Day Ye)  28a. Place of Injury building, etc. (S	EP/Out 28b. T Ir At home, far pecify) y knowledge, mination and	tpatient 3 DOA Comment of Williams, street, factory, officers, death occurred at the Morinvestigation, in my	26. Place of Dot wher: 4 \sum Nursing ury at ork? \sum Yes 2 \sum No e  time, date and plac opinion, death occ	24a. Was performed to the seath (Check only of the seath (Check only only only only only only only only	Yes 2No an autopsy rmed?  Yes 2No one) dence 6 □Oth how injury occurr  Street and Numb cause(s) and ma date and placa, in	24b. WW av co of 1 [	bably 4 Unkers autopsy finding allable prior to impletion of cause death?  Yes 2 No  No  No  No  No  No  No  No  No  No	
n. After this certificate hes been sign funeral director, pege 2 should be	edical Certification: To Be Completed by	25. Was case referred to medical examiner?  1	Hospital: 1 Inpatient  28a. Date of Injury (Month, Day Ye)  28a. Place of Injury building, etc. (S)  thysician: To the best of my minar: On the basis of exe and mannar stated.	DVLT  28b. T ir  At home, far pecify)  y knowledge, mination and	tpatient 3 DOA Crime of July M 10 mm, street, factory, office death occurred at the for investigation, in my	26. Place of Debther: 4 Nursing ury at ork? Yes 2 No	24a. Was performed at the time,	Yes 25No an autopsy imed?  Yes 26No one) dence 6 □Oth how injury occur Street and Numb vn, State)  cause(s) and ma date and placa, it	24b. Windle and a second of the second of th	ere autopsy findin allable prior to mpletion of cause death?  Yes 2 No  No  No  No  No  No  No  No  No  No	
The Paners after deeth.  John Funeral Director: After this certificate hes been sign completely filled in by the funeral director, pege 2 should be	edical Certification: To Be Completed by	25. Was case referred to medical examiner?  1   Yes   2   No  27. Mannar of Death   Natural   5   Pending investigation investigation of the property one   1   Certifying P    29a. Certifier   1   Certifying P	Hospital: 1 Inpatient  28a. Date of Injury (Month, Day Ye)  28a. Place of Injury building, etc. (S)  thysician: To the best of my minar: On the basis of exe and mannar stated.	EP/Out 28b. T ir At home, far ipecify)  y knowledge, imination and (Item 23a) ( 57 P -	tpatient 3 DOA Chime of White Mark 11 DOA 1 Time of White Mark 11 DOA 1 Time, street, factory, office death occurred at the 1/or investigation, in my 29c. Licer D/	26. Place of Debther: 4 Nursing ury at ork? Yes 2 No	24a. Was performed at the time,	Yes 25No an autopsy imed?  Yes 26No one) dence 6 □Oth how injury occur Street and Numb vn, State)  cause(s) and ma date and placa, it	24b. Windle and a second of the second of th	bably 4 Unk ere autopsy findir aliable prior to mpletion of cause death?  Yes 2 No  No  No  No  No  No  No  No  No  No	

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BALTIMORE, MARYLAND 21215-0020

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH John Bernard Kehl, Sr. Feb. 24, 1996 6:15 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Dev. Wear) AUg. 11,1928 S. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 💢 M 2 🗌 F 212-28-8443 67 YRS. Baltimore 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7123 Mount Vista Road Baltimore Kingsville RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Kingsville 1 YES 2 X NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7123 Mount Vista Road 21087 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 X Married BY Specify 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 6+) COMPL 12 Delmarva Chemical Co. Self-Employed 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John A. Kehl Molly Fabizak BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mr. Robert A. Kehl 3538 Anderson Lane Jarrettsville, Md. 21084 20e, METHOD OF DISPOSITION
1 A Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State St. Joseph's Church Cemetery Feb. 27, 1996 4 Donation 6 Other (Specify) Fullerton Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 8. Lassahn Funeral Home Xas 11750 Belair Road Kingsville, 21087 Md. 23. PART I. Enter the diseasee, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heart failure. Liet only one cause on each line. interval Between **IMMEDIATE CAUSE (Finel Onset and Death** diseese or condition cerebro- une morgani. clonge resulting in death) DUE TO (OR AS A CONSEQUENCE OF): sophageal varices hemorhage CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING evere orrestro CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNED OF DEATH 26a. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural N 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be detarmined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Djty, Year) BE . Kaple Factors 196 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) POCHNA KAHLE



31. DATE FILED (Month, Day, Year)

1996

MAR

32. REGISTRAR'S SIGNATURE

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THE FULL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FULL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended, or team 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	ERTIFIC	CATE OF	DEATH		REG. NO.				
1. DECEOENT'S NAME (First, Middle, Last)							ATE OF DEATH		YEAR	3. TIME OF DEATH	
RUTH WILHEI	MTNIA	K	KLAUENBERG F						1996 9:20 P		
4. SOCIAL SECURITY NUMBER			ME (In yrs. lest birthday) IF UNDER 1 YEAR   IF UNDER 24				reb. 27			LACE (State or Foreign	
216-05-1658	1 🗆 M 2 🔀 F	85		ONTHS DAYS	HOURS MI	N. (M	y 10, 1	910	Country)	yland	
Salisbury Nursing		Center			OR LOCATION O				OMICO	County	
10a. STATE 10b. COUNTY	4		10c. CITY,	TOWN OR LOCA	ATION					10d. INSIDE CITY LIMITS?	
Maryland Wicon	nico Count	У	Fr	itland	Df. ZIP CODE	DF 100 CIT			1 TYES 2 X NO		
614 South Camden	-		21826					U	.S.A.	S.A.	
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2	2 XNO If yes, specify Cuban, Max					or No—	Specify	RACE — American Indian, Black, White, atc. Specify: hite	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		1	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BUSINESS/INDUSTR				
12th Grade	(1.4.6.6.4)	Se	creta	ry	Lucioni		Can Co		У	100	
17. FATHER'S NAME (First, Middle, Lest) Frederick George	Mangold		16. MOTHER'S NAME (First, Middle, Meiden Surname) Mina Wilhelmina Gruenberg								
19a. INFORMANT'S NAME (Type/Print)	Brother)						Number, City or Tow				
Frederick William	n Mangold	16	514 So	uth Car	nden Ave	enue,	Fruitl	and,	Mary.	land 21826	
20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Rem  4 Donation 5 X Other (Specify)	ntombrent	20b. PLAC	EAND DATE OF	F DISPOSITION (I Per place) e Cemet	Neme of	3/1/9			lle.	Maryland	
21. SIGNATURE OF FUNERAL SERVICE LIC		DEGL	a ready	22. NAME	C. Mil	F FACILITY					
Kathleen	m. Me	uph	1)					more	. Mar	yland 2120	
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. 120	e on each file	F	Pricu	Re					Interval Between Onest and Deat	
Sequentially list conditions, if sny, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	DR AS A CONS									
PART II. Other eignificent condition	ns contributing to d				ng ceuse give	n in Part	I. 24a. WAS AN			24b. WERE AUTOPSY FINDINGS	
ADVANOD 6	Donalis,	DAGE	Kinsa	N'S,			1 TYES			COMPLETION OF CAUSE OF DEATH?	
Seru	re Piso	nder						-		1 TYES 2 NO	
DID TOBACCO USE CONT			ATH YES	S NO	Z UNCER	TAIN [					
25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH	H (Check only on	0)						
EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	ome 5 🗆 Raside	inca 6 🗆	Other (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF II (Month, Day		26b. TIME	OF 26c. I	NJURY AT YORK?	26d.	DESCRIBE HOW	INJURY O	CCURED		
Accident Investigation  Suicide 6 Could not be determined	26e. PLACE OF building, e	INJURY — AI tc. (Specify)	home, farm, st	treet, factory, of	lice	281.	LOCATION (Street City or Town, State		er or Rural R	oute Number,	
(Crieck Only	BICIAN: To the best of n									and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	TO TO				29c. LICENS	S 9 E	513	29d. D/	ATE SIGNED	(Month, Dey, Year) 28/86	
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSI	OF DEATH (I'			CHWAY DI	R.SAT	ISBURY,	MD.			
31. DATE FILEO (Month, Day, Year) MAR 1 1996	Julin Navids	on-Pand	lass								

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 05713

					Cei	rtificate o	f Death		Reg. No.		
1			1. Decedent's Neme (First, Middle, Li	ast)				2. Dete of De	eth	Vana	3. Time of Death
	Physic /Medi		Mary &	Lee				Februc:	Dey 25	1996	425 14
	Exami		4a. Fecility Neme (If net institution, gi	ve street end number)			4b. City, Town, or			-	
			North Aruni	del Hospi	+61		6 len Bu	inie	Ann	PAT	undel
	Funeral Director		5. Social Security Number 6.		rs. lest birthdey)	If Under 1 Yes Months Dey	er If Under 24 Hrs	8. Date of Bir	th	9. Birthpi Coun	elece (State or Foreign etry) yland
Н			Usuel Residenca of Decedent								,
	how		10a. Stete 10b. County	10c.	City, Town or Lo	cation				1/	0d. Inside City Limits
	Ma Files	cto	Maryland Anne A	rundel (	Glen Bur	nie			1 ☐ Yes 2 ☒ No		
	다 다 0r 26	Director	10e. Street end Number			10f. Zip Code	•		10g. Citizen of	of Whet Country?	
	23a		199 Plymouth La	ne Apt. H		210	061		U.S	5.	
21215-0020	72 hours effer death with the Maryland "natural", or ferms 23a or 28a-f show edical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 X Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forcas?  1 Yes 2 No If Yes, Give Yeer or Detes:	1	Was Decedent of Yes, specify Co 1 ☐ Yes 2 🗷 N	f Hispenic Origin? (suban, Mexicen, Puer lo Specify:	Specify Yes or No to Rican, etc.)		ce - America ck, White, e fy: Wh	
Ď.	2 ho	P	15. Decedent's E	ducation	16a. Deced	lent's Usuei Occ	upation		16b. Kind of 8	usiness/inc	dustry
215	C 3	Completed	(Specify only highest gr Elementery/Secondery (0-12)	ade completed)  Coilege (1-4or 5+)	(Give	kind of work dor DO NOT use reti	ne during most of wo ired)	orking			
21	D D >	E O	12th Grade	College (1-401 3+)	Nur	1			Rel:	igious	s Order
	0 = 0 5	Be C	17. Fether's Name (First, Middle, Last	)			18. Mother's Ne	me (First, Middle,	Melden Surnai	пе)	
<u>la</u>		To	77.51	Robert E. Lee				N	Wellie C	J. Tul	11
Maryland	SPE		19e. Informent's Neme/Reletionship	(Type, Print)	19b. Meilir	ng Address (Stre	et and Number or R	ural Route Numbe	er, City or Town	, Stete, Zip	Code)
			Glen Watkins		199	Plymouth	n Lane Ap	ot. H G	len Bur	nie, l	Md. 21061
re	of Heal		20e. Method of Disposition		. Piece of Dispo	sition (Neme of netory or other p	lece)	Dete	20c. Location	- City or To	wn, Stete
E			1 XBuriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetlon 5 ☐ Other (Speci	JRemovei from State (fy)				2/29/96	Glen Bu	rnie,	, Maryland
Baltimore,	permit. Pag Department Important: If any injury o		21, Signature of Funerel Service Lica	nsee	1	. Neme end Add			uneral		
			Jama M	grammon			chie Highw	-		Md. 2	
			23a. Part1. Enter the disease, or con shock, or heart feilure. List only	e cause on each line.	eth. Do not ent	er the mode of d	lylng, such as cardie	c or respiretory a	rrest,	i	Approximate Intervel Between Onset and Deeth
	Physician /Medicai		Immediate Cause (Finel	A						1	Oriset and Deeth
	Examiner		disease or condition resulting in death)	· ACUTE 1	n 40CAn	DIAC	INFAN	ODON			1 NAY
		-a		1	(or es a conseq					1	14010
П	ted nsit	in in		6. 174penci						<u> </u>	19048
	end al-tra	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	1	(or es e conseq					i	14ear
68760,	be e Siciar										19ear
9	death certificate be executed a strending physician end of for use es the burial-transit	edical	resulting in deeth) Last	Due to	(or es e conseq	uence of):				i	
×	n certif	Σ		d						i	
80	attend for us	ciar									
0.	e = £	Physician/	Pert II. Other significant conditions of	contributing to deeth but not r	esulting in the ur	nderlying cause	given in Pert I.				the cause of death?
	thet the ded by detact							10	Yee 2 No	3 Prob	bably 4 10 Tinknow
Records,	8 5 8	d by						24s Was	an autopsy	24h We	ere autopsy findings
Ö		Completed						perfo	rmed?	ave cor	eilable prior to mpletion of ceuse
Re	hes hes	m D							_/	ord	death?
<u></u>	cate he							10	Yes 2 DANO	1 🗆	Yes 2 No
Viital	Physician: The this certificate ral director, peg	Be	25. Wes case referred to medical exeminer?	Hospital:			26. Placa of De	eth (Check only o	nne)		
ō	5 00	. To	1 ☐ Yes 2 ☐ ∕No 27. Menne∕ of Deeth	1 Inpatient 2	☐ ER/Outpatien	1 3LI DOA	4 LI Nursing I	Home 5 Resident			0
5	h. After funer	ion	1. □Naturei 5 □ Pending	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	28c. in W		200. Describe i	now Injury occur	red	
Division	Attending r deeth. ector: Afte by the fune	Certification:	2 Accident investigation 3 Suicide 6 Could not be	e con Diana of Labora At	hama fam. sta		Yes 2 No	294 Location (	Otrood and Mism	har or Dura	I Paula Number
$\leq$	or Attendation of Director:	ŧ	4 ☐ Homicide determined	28e. Pleca of Injury - Al building, etc. (Spe	nome, term, stri cify)	eet, tectory, offic	e	City or Tov		or or Hura	l Route Number,
_	orai C										
	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	edicai	29a. Certifier 1 Certifying Pt (Check only one) 2 Medical Example 1	nysician: To the best of my k ninar: On the basis of exami	nowledge, deeth netion end/or inv	occurred et the restigetion, in my	time, dete end piece opinion, deeth occi	e, end due to the urred et the time,	cause(s) end m dete and plece,	anner as st and due to	eted. the cause(s)
	To the Within 2 To the comple	Med	29b. Signature and tille of certifier	end menner steted.		200 1 100	nse number		20d Date size	ad (Manth	Day Vacri
	7 ¥ 5 8	-	time of certifier	0. 0.10.	. / /	0			29d. Dete signe		
	2		you IT,	aneuja	1 /04	/ 1)	1800	/	EDuar	4 65	,1776
			30. Neme and eddress of person who	completed cause of deeth (It	tem 23e) (Type,	Print)		10 1	0 .	0 /	1 411. 0 -10
			DAN 17, SCHILL	The state of	ndage	107/11/506	42.0MI	ic we	150NV1	e M	1996 ANY AND
	Sta Registr		MAR 1 1996	Truction Con ma fill	reature						21061
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REG. NO.

2. DATE OF DEATH

February 29

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
th certifi	ending p
e qua	he att
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FOR STATE REGISTRAR

Ruth

1. DECEDENT'S NAME (First, Middle, Last)

ROBERTO

1996

31. DATE FILEO (Month, Day, Year)

MAR

		4. SOCIAL SECURITY NUMBER 220-09-5393		5. SEX	8. AGE (In yn	s. lest birthday) YRS.	IF UNDER 1 Y	EAR IF U	NDER 24 HRS.	7. DATE (Month)	Day, Year)	917	8. BIRTHPI Country)	LACE (State or Foreigland
pinous		9a. FACILITY NAME (If not in	stitution, give stree	et and number)			9ь. CITY, TC	OWN OR LO	CATION OF DE		, .	9c. COUN		
3 8	O.	2706 Steve		ıt			В	aldwi	n			H	arfo)	rd
	<u> </u>	RESIDENCE OF DEC	10b. COUNTY			10c. CITY	TOWN OR I	LOCATION					1	IOd. INSIDE CITY
permit. Pages	DIRECTOR	Maryland	Harfo	rd			Fore	st Hi	el					LIMITS?
ærmit		10e. STREET AND NUMBER	_					10f. ZIP (	CODE			10g. CITIZ		IAT COUNTRY?
- TE	ER	1716 E. Lo	indmark	Drive					21050			U.S.A.		
AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	Merried	2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	S 2 XNO If yes, specify Cuban, Maxican, Puerto Rican, etc.)					Black,	- American Indian Whita, atc. : White		
1215 r attend use as	9		EDENT'S EDUCAT		184	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					USINESS/INDUSTRY			
AND 21 he hospital or detached for u	once.	Elamentary/Secondary (1 8th grade	0-12)		College (1-4 or 5+)  Sales Clerk					D	epart	ment:	Store	2
AORE, MARYLAND in 6 may be retained by the hospit rector, page 5 should be detached must be notified at once.	ш	17. FATHER'S NAME (First, A Robert							Marie Marie		iddle, Meiden OOR	Surname)		
		Robert T. I		vski (s	on)	19b. MAILING . 2706			ct., Bo			n, State, Zip		
		209. METHOD OF DISPOSITING Burlet 2 Crematic		al Irom State		CEAND DATE OF COLOR				3/4		cation — c		n, Stata Naryland
ALT.	examiner	21. SIGNATURE OF FUNERA	AL SERVICE LICEN	ISEE	1	1	Sc	chimur	nek Fu	neral				21236
68760 ecuted within 24 feet nd completely filled in t burial, cremation, or res	event, the medical	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in deeth)	eart fallure. Lis nai	META DUE TO	se on eech	line.								Approximatinterval Bet Onset and I
BOX 687	or other traumatic	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	(OR AS A CO	A CONSEQUENCE OF):					+	+				
P.O. Eath certificate tending physiene	ERTIFIC	CAUSE (Disease or inju- thet initieted eventa reaulting in death) LAS		DUE TO	(OR AS A CO	NSEOUENCE OF	):							
RECORDS, requires that the de	NEDICAL C	PART II. Other significa	ent conditions	contributing to	deeth but s	not resulting in	the unde	rlying ceu	ise given in	Part I.	24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
	the second	DID TOBACCO U	ISE CONTRI	BUTE TO CA	USE OF I	DEATH YE	S $\square$ NO	0 17 10	INCERTAIL	v n				1 YES 2 NO
AL he taw has b e Dept	m 23	25. WAS CASE REFERRED T				PLACE OF DEAT								
<b>⊢</b> ⊢ ≅ ≋	VSIC	1 YES 2 NO		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:	g Home 5	Realdence	8 🗆 Other	(Specify)			
O FF sist	P. G.		Pending Investigation	28e. DATE OF (Month, D		28b. TIME INJU	JRY	C. INJURY / WORK?		28d. DEŞ	CRIBE HOW	NJURY OCC	URED	
ISIC TTENDI TOR: A after do	28 Is TED	2 Accident 3 Suicide 8 Homicide	Could not be determined	28a. PLACE O building,	F INJURY — etc. (Specify)	Al home, farm, s	lreet, fectory	, office		28f. LOCA City of	ATION (Street or Town, State	and Number	or Rural Ro	ute Number,
	If item	Condon only		AN: To the best of										and manner on star
HOSPITAL FUNERAL WITHIN 72 h	E 8	29b, SIGNATURE/ANO TITL		-			, y spill					,		
TO THE HOSPITAL TO THE FUNERAL be filed within 72	TO BE CO	Koler	00 40	iner				290,	DO 2	5 4	7	29d. DATE	SIGNED	Month, Day, Year)
	-	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type.	Print)						1 6	

32. REGISTRAR'S SIGNATURE

a Davidson Randell

Lewandowski

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. TIME OF DEATH

9:30 A.

10d. INSIDE CITY 1 YES 2 NO

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

and due to the cause(a) and manner ea stated. 29d. DATE SIGNED (Month, Day, Year)

TOWSON

8. BIRTHPLACE (State or Foreign

1996

MD 7600 OSLERDR

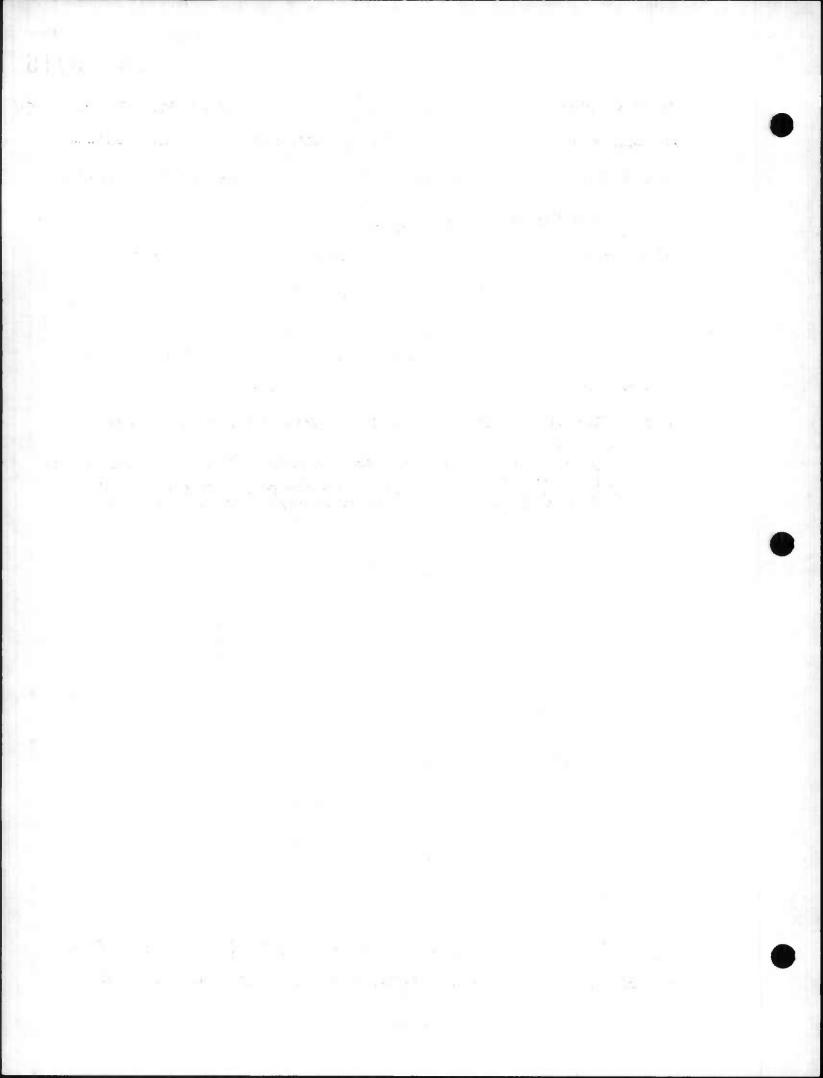
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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** 26, 1996 CULLEN R. LEWIS FEBRUARY /Medical 4a. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** ANNE ARIINDEL. 502 MANOR ROAD GLEN BURNIE 6. Sex 10 M 2 F If Under 1 Yaar Months Days If Undar 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. last birthdey) 8. Data of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) **Funeral** Hours Director 215 09 9717 86 Oct. 09,1909 Maryland Usual Residence of Decedan with the Marviand 10a. State 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 10d. fnside City Limita MD Anne Arundel 1 ☐ Yas 2 ☑ No Glen Burnie 10e. Street and Number 10f Zin Code 10g. Citizen of What Country? 502 Manor Road permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Menial Hygiene. In provident: If Item 27 is marked other than "natural", or Here 23a any Injury or other traumatic event, the Medical Experience 2006. 21061 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11 Maritai Status 14. Race - Amarican Indian, Black, White, atc 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yes 2 No If Yas, Giva Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. P 3X Widowed 4 □ Divorced Year or Dates white Completed 18a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Hein Brothers 8 truck driver 17. Fathar's Name (First, Middia, Last) 18. Mother's Name (First, Middla, Maiden Sumeme) Ottie S. Lewis Bessie M. Travers P 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Louise L. Calwell 6481 Bright Plume, Columbia, Md. sister 20a. Mathod of Disposition 20b. Place of Disposition (Neme of cematary, cremetory or other place) 20c. Location - City or Town, State A Removal from State 4 Donation 5 Other (Apacity) The Green Mount Cemetery 2/29/96 Baltimore, MD 21202 21. Signature of Fung 22. Name and Address of Facility GARY L. KAUFMAN FUNERAL OF ELKRIDGE, INC. 5695 MAIN STREET - ELKRIDGE, MARYLAND 21227 death. Do not enter tha moda of dying, such as cardiac or respiratory arrest, 23a. Part1. Enter the disease or complications that caus shock, or heart failure. List only one cause on each Approximata Intarval Batween Onsat and Deeth **Physician** /Medical Immediate Causa (Final disaasa or condition resulting In death) oar Examiner Dua to (or es a consequence of) Examiner attending physician and for use as the buriel-transit Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaase or injury that initiated events rasulting in daath) Last Due to (or as a consequence of) Box 68760. certificate be Physician/Medical Dua to (or as a consequence of) signed by the aid be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 21 No 3 Probably 4 Unknown à is ueed 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed has page 2 2 0 No certificate 1 Tas 1 ☐ Yes 2 ☐ No I or Attending Physician: after death. Director: After this certific 25. Was casa referred to medical examinar? 28. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 ☐ Homicide To the Hospital o within 24 hours af To the Funeral Di completely filled i 29a, Certifier 11 Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the besis of examination and/or investigetion, in my opinion, death occurred at the time, data end place, and due to the cause(a) and manner stated. 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number Feb 27, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) DR. LONG S. HSU - 1406-B CRAIN HIGHWAY - SUITE 308 - GLEN BURNIE, MD. 21061 31. Deta filed (Month, Dey, Year) 39. Ragistrar's Signature State who Savidson-Randall MAR 1 Registra

DHMH 16 Rev 6/95



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State of Maryland / Department of Health and Mental Hygiene

96 05716

				Ce	rtificate of	Death	Re	g. No.		00110	
Physici	an	1. Decedent's Neme (First, Middle, La					2. Deta of Death Month		Yeer	3. Tima of Death	
/Medic		AGNUS 4		->			LBUARX	29 191	96	5:34 PM	
Examin	er	4e. Fecility Neme (If not institution, given NoRTHWEST	HOSPITAL	CENT		Ab. City, Town, or Loc RANDAL	STOWN		LTIN		
Funeral Director		5. Social Security Number 451-42-1591 Usuei Residence of Decedent	1□ M 2□XF 7	yrs. lest birthday, Yrs.	Months Deys	Hours Min.	8. Dete of Birth (Month, Dey Sept.	<sup>Y</sup> 9°, 1920		ace (Stata or Foraign ry) rland	
with the Maryland a or 28a-f show	ctor	10a. Stata 10b. County Md. Baltimo:		c. City, Town or L Pik	esville				10	0d. Inside City Limits 1 ☐ Yes 2 ☑ No	
leath with th	al Director	10e. Street end Number 715 Sudbrook	Road		10f. Zip Code 2120	8	10	g. Citizan of V U.S	What Count	try?	
within 72 hours efter death ene. than "natural", or itema 23 na Medical Expringer mus	by Funeral	11. Maritel Stetus  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forcas? 1 Yes 2 HNo If Yes, Give Year or Detes:	in U,S. 13.	Wes Decedent of If Yes, specify Cu 1 ☐ Yes 2 2 No	Hispanic Origin? (Spec ben, Mexican, Puerto F Specify:	cify Yas or No- licen, atc.)		e - Americe ck, White, e	etc.	
n 72 ho natul	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a. Dece (Give	dent's Usual Occu	upation a during most of working ed)	9 1	6b. Kind of Bu	usiness/Indi	ustry	
DEL	omo	Elementery/Secondery (0-12)	College (1-4or 5+)		rgarden			Publi	c Sch	nool	
a la b	To Be C	17. Father's Nema (First, Middla, Last Walter Shi				18. Mother's Neme Aura	(First, Middle, M Delozie		16)		
Pages 1 and 2 should nent of Health and Mer int: If frem 27 is merks ury or other traumatic		19b. Informent's Neme/Reletionship (Type, Print)  Russell F. Myers  19b. Malling Address (Street end Number or Rural Route Number, City or Town, S 715 Sudbrook Rd., Pikesville, Md. 2120								Code)	
		1 M Puriol 2 Compation 2 Democration State cometery, cremetory or other piece)								ville, Md.	
Depart Import any inj		21. Signature of Fanacal Service Lice	hapel	oel 21117							
Physician /Medical Examiner	ner	23a. Pert1. Enter the disaasa, or com shock, or hear failure. List only Immediate Ceuse (Finel diseasa or condition resulting in deeth)	· WOC		. INF	ARLTION	respiratory and	91,		Approximate Interval Between Onset and Death	
certificate be executed anding physician and use es the burial-transit	v/Medical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avents resulting in deeth) Lest	c	to (or es e conse					1		
deeth e ette ed for	Physician/	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.						23b. Did tobacco use contribute to the cause			
beer	Completed by F						24e. Wes er		com	re autopsy findings illeble prior to appletion of ceuse	
The law ate has t page 2 s	omo						1 □ Ye	s 2 100		leeth?	
raician: The s certificate director, pag	Be	25. Wes case referred to medical examiner?	Manager 1	14		26. Plece of Deeth	(Check only one	)	1		
Phys rat di	ion: To	1 ☐ Yes 2 ☐ No  27. Manner of Deeth 1 ☐ Neturel 5 ☐ Pending	Hospitel: 1 ☐ Inpatient  28a. Dete of Injury (Month, Day Yea	28b. Time of Injury	28c. tnj	ther: 4 Nursing Hom ury et 2 ork? Yes 2 No	ne 5 Resider 8d. Describe ho	nce 6 □Oth w Injury occur		)	
f or Attending after deeth. Director: After	Certification:	2 Accident Investigatio 3 Suicida 6 Could not b 4 Homicide determined	8f. Location (Str City or Town,	eet end Numb Steta)	er or Rural	Routa Number,					
To the Hospital or Attend Within 24 hours after death To the Funeral Director: completely filled in by the	edical C	29a. Certifier (Check only one) 12 Cartifying Ph	yalclan: To the best of my niner: On the besis of examend menner steted.	knowledge, daat ninetion end/or in	h occurred et the livestigetion, in my	ime, date end pleca, as opinion, deeth occurre	nd due to the ca d et the time, de	use(s) end me te end plece,	enner as ste and due to	eted. tha ceuse(s)	
To the comp	Me	29b. Signature and title of certifier	B Ros	hkin	29c. Licer	nsa number	29 F-1	d. Data signe	d (Month, E	Day, Year)	
7		30. Neme and eddress of person who	completed cause of death	(Item 23a) (Type,		5401 OLD COM	et Cor	PANDAL	STANN	MARJLAN	
	te	31. Date-filed (Month-Day Year)	2. Registrar's S		10		-1 mal/b	ed. uto	- VI COM ) A	3 113	

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	1 - STATE REGISTRAR	STATE OF M		ERTIF					MENIA	REG. NO.										
	t. DECEDENT'S NAME (First, Middle, Last, ELEANORA	MARY		MA	ZAN				2. DATE	Feb 26	1996	EAR 3.	TIME OF DEATH 1:37 pm M							
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER			OF BIRTH h, Day, Yeer)	8.	BIRTHPL/ Country)	ACE (State or Foreign							
	212-18-0143	1 🗆 M 2 💢 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.		-05			LAND							
e l	96. FACILITY NAME (If not institution, give Saint Joseph Me				96. CITY, TOWN OR LOCATION OF DEATH TOWSON, Maryland						9c. COUNTY OF DEATH Baltimore									
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	TV		T	Y. TOWN C															
DIRECTOR	MARYLAND	N?A			ALTI								d. INSIDE CITY LIMITS? YES 2 NO							
	10e. STREET AND NUMBER	11.17			UF 17		ZIP CODE				10a, CITIZER		T COUNTRY?							
FUNERAL	828 S. MILTON	AVENUE					122					US								
2	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGI	N? (Specify Yes	or No— t4		American Indian, hite, etc.							
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	NO			2 X NO	Specify		Rican, etc.)		Specify:	HITE							
	15. DECEDENT'S ED (Specify only highest gree		16e. D	ECEDENT'S	USUAL O	CCUPATIO	ON ast of workin	a	168	. KIND OF BUS	INESS/INDUS	TRY								
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+		Give kind of e. Do NOT u						01111	011-									
M M	4 YEARS 17. FATHER'S NAME (First, Middle, Last)		HUI	MEMA	KER					OWN H										
	THOMASRATAJCZA	K					MAR:			Middle, Maiden	Sumame)									
B	t9e. INFORMANT'S NAME (Type/Print)		1	9b. MAJLING	ADDRESS	(Street a				ber, City or Town	, State, Zip Co	ide)								
임	MRS. JANE WASI	LEWSKI		3306	GAR	NET	RO	AD E	BALT	O. MD	. 212	234								
	20e, METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Re	movel from State	20b. PLACE					TEE	RY 2	20c. LO	ALTO.	or Town	State							
	CABurtel 2   Cremellon 3   Removal from State   Semestary, Cremelory, Creme																			
	frailist to	nacone	dei							IERAL BALTO		21	224							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  ASPIRATION PNEUMONIA  DUE TO (OR AS A CONSEQUENCE OF):									Approximate interval Between Onset and Daath										
		DUE 10	OH AS A CONS	EOUENCE C	⊪):															
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSI	EQUENCE C	F):															
LIFIC	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO	OR AS A CONS	EOUENCE C	F):															
EH	resulting in death) LAST	d																		
SA CA	PART II. Other algorificent condition  ELECTROLYTE II	MBALANCE		resulting	in the ur	derlyin	g cause (	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	AN CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?							
MED	CEREBROVASC	ULAR THRO	<b>MBOSIS</b>				,						□ YES 2 □XQ							
	DID TOBACCO USE CON	TRIBUTE TO CA			ES 🗆		9 UNC	ERTAI	N 🗆	<u> </u>			1							
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOGPITAL:		ACE OF DEA	OTHE															
₹	1 VES 2 A	1 Propositions 2 =		3 DOA		-	ON 5 RE	sidence	_	er (Specify)	HILLEY OCCUR	aen.								
BY P	1 Return 5 Pending 2 Accident Investigation	(Month, D	ay, Year)		JURY	W	YES 2	NO	200. 00	QUALITY II	13011 00001	TED								
	3 Suicide 6 Could not b	28e. PLACE O building,	F INJURY — A1 I atc. (Specify)	nome, ferm,	atree1, fac	tory, offic	:0			CATION (Street e or Town, Stete)	and Number or	Rural Rou	te Number,							
COMPLETED	CONTROL ONLY	SICIAN: To the best of NER: On the bests of each											nd menner ee stated.							
BE C	296. SIGNATURE AND TITLE OF CERTIF	IER /	•		-	A	29c. LICI	ENSE NUI	MBER		29d. DATE S	IGNED (M	ionth, Day, Year)							
2	Bealing	P.N.	nyon	4,1	M.	<u>().</u>	D	1648	92		KIL	6.7	26,1996							
-						R., 1	7620	YORK	CRD.	TOWSO	DN, MD.	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  BEATRIZ P. DIZON, M.D., ST. JOSEPH MED. CTR., 7620 YORK RD., TOWSON, MD. 21204								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after damn. Plage 6 may be instained by the hospital or are	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Item.	1,Fidor733,3/1/96,1t	STATE OF MARYL	AND / DEDAI	DTMENT	OE UCAITU AND	SECUTAL LIVOLES		5 05718			
	1 - STATE REGISTRAR	OIATE OF MIANTE	CERTIF	ICATE	OF DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Lest) MICHAEL RAPHAEL M	ARTELLE		7		2. DATE OF DEATH MONTH FEBRUARY	AY YE 27,199	3. TIME OF DEATH  6 5:20 A M			
ш	4. SOCIAL SECURITY NUMBER		In yrs. lest birthdey)	IF UNDER 1		7. DATE OF BIRTH (Month, Day, Year)	8, 6	SIRTHPLACE (State or Foreign country)			
	215-07-8096		9 0 YRS.	MONTHS	DAYS HOURS MIN.	Sept. 16,1	905 N	laryland			
	9e. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, 1	TOWN OR LOCATION OF		9c. COUNTY				
DIRECTOR	GREATER BALTIMOR	E MEDICAL CE	NTER	TO	WSON		BALT.	IMORE			
1 2	10e. STATE 10b. COUNTY			TY, TOWN OR	LOCATION			10d. INSIDE CITY			
	Maryland Ba	ltimore			Baltimore			LIMITS?			
A	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	4321 Penn Avenu	e			21236		и	.S.A.			
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. W	AS DECENDENT OF HISP yee, specify Cuban, Mexi YES 2 NO Spec	ANIC ORIGIN? (Specify Vecan, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White			
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										
COMPLET	10th grade	ice Com	pany								
BE COI	10th grade   Accounting Dept.   Insurance Company  17. FATHER'S NAME (First, Middle, Last)  Gabriel Martelle   Louise Brigante										
0 8	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
-	Mary J. Martelle (wife) 4321 Penn Avenue, Baltimore, MD 21236										
	20a. METHOD OF DISPOSITION  1	oval from State 20b.	PLACE AND DATE glery, crematory or of L. JOSEN	of DISPOSIT	rch Cem.		cation - chy	or Town, State , Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC					racility uneral Home	7				
	Messe			9	105 Belair	Rd., Balti	more. I	MD 21236			
	23. PART I. Enter the diseases, or canock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (or As A	ich line.	ON		ich as cardlec or reap	iratory arreat,	Approximate interval Between Onset and Death			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
RTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	PF):							
Ü	PART II. Other significant condition	a contributing to death by	at not resulting	in the und	arlying course sives i	- Book   Account					
MEDICAL	Stroke		at not resolving	III the ono	arrying couse given i	Part I. 24a. WAS AN PERFOI	PMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
2	DID TOBACCO USE CONTI	PIRLITE TO CALISE O	F DEATH VI	ES 🗆 NA	O UNCERTA	INI		1 TES 2 NO			
¥.	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA								
Sic	EXAMINER?	HOSPITAL:	etlant 3 🗆 DOA	OTHER:	g Home 5 🗆 Residence	6 Other (Specify)					
Y PHYSICIAN:	27. MANNER OF OEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	BC. INJURY AT WORK?  1 YES 2 NO	28d. OESCRIBE HOW I	NJURY OCCURE	0					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Speci	— At home, term,	street, factory	y, affice	281. LOCATION (Street of City or Yown, State)	and Number or Ru	ral Route Number,			
COMPLETE		CIAN: To the bast of my knowlers.  R: On the basis of exemination						use(s) and manner as stated			
BE CO	296. SIGNATURE AND TITLE OF CENTIFIEM			, -,-	29c. LICENSE NI	JMBER		NED (Month, Day, Year)			

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SHILADI, MD. 1600 SSEK

MOnth, Day, Year)

32. REGISTRAR'S SIGNATURE

AR 1 1996

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E Sector

CBALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mars after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the returned director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE (	OF MARYLAND	DEPARTMENT	OF	<b>HEALTH AND</b>	MENTAL	HYGIENE
	C	ERTIFICATE	0	F DEATH		REG NO

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / DEPART	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH							
Ü	mary R	Mink		FEDRUARY 24,	1996 5:40 AM							
	4. SOCIAL SECURITY NUMBER 5. S	EX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign							
	11- 14-9543 1E	M 2×F 88 YRS.	MONTHS DAYS HOURS MIN.	AUG. 11 1907	Country)							
	9a. FACILITY HAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH											
DIRECTOR	FALLTON GSASA	AL HOSPITAL	FAUSTON	. 4	ARFORD							
ZE(	10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATION		10d. IHSIDE CITY							
	1) ARYLAND HAR	ARVLAND HARKFORD BALDWIN										
FUNERAL	10e. STREET AND NUMBER	0	101. ZIP CODE	10g. CI	ITIZEH OF WHAT COUNTRY?							
EB	3204 FIRMWOO	D LOURT	21013		D. 2.0							
5		WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO		HC ORIGIN? (Specify Yes or No -	14. RACE — American Indian, Black, White, etc.							
ВУ		F YES, GIVE WAR OR DATES	If yea, specify Cuban, Maxica		Specify:							
					211KW 1							
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	leted) (Give kind of w	JSUAL OCCUPATION ork done during most of working	186. KIHO OF BUSINESS/II	NOUSTRY							
E		llege (1-4 or 5+)	retired.)	1								
MP	197/97	0750	SAIOR	LAW	1-18M							
8	17. FATHER'S HAME (First, Middle, Last)	00: 1. 0	18. MOTHER'S HA	ME (First, Middle, Maiden Surname)	0 1							
BE	JOHO DAVIC	BRINKER	I I I AR	Y LATHERIC	NE BURKS							
0	19a, IHFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural I	Poute Number, City or Town, State, 2	Zip Code) 31013							
-	1 ARY E. I CTOAL	3304	FERALWOOD L	our BALC	WIN MARYLAND							
	20a, METHOD OF DISPOSITIOH  DE Burlai 2 Cremation 3 Removal (	20b. PLACE AND DATE O		DATE 20c. LOCATION -	- City or Town, State							
	4 Donation 5 Other (Specify)	ST. JOSEP		Stall LOTTE	RION ! ARVLAND							
	21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE 22. HAME AND ADDRESS OF FACILITY											
	1 X2 4 20	.61	EVANS FUNS	OP'NE E AND	- Will Mapyle							
	23. PART I. Enter the diseeses, or comp	lications thet coused the death. Do n	of enter the mode of dving, auc	h as cardiac or respiratory	arrest, Approximate							
	ehock, or heart failure. List	only one cause on sech line.	A	. a caracter or respiratory	Interval Between							
	IMMEDIATE CAUSE (Final disease or condition )											
	reaulting in death)	- Max										
	QUE TO (OR AS A CONSEQUENCE OF):											
0	Sequentially list conditions,  DUE TO (OR AS A COMSEQUENCE OF):											
Ä	If any, leading to immediate cause. Enter UNDERLYING											
프	CAUSE (Diseese or Injury that initiated evente	DUE TO (OR AS A CONSEQUENCE OF	):									
CERTIFICATION	reauiting in death) LAST											
CE												
AL	PART II. Other algnificant conditions co	ntributing to death but not reculting in	n the underlying cause given in	Part I. 24a. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO							
9	aronary	was a come		1 _ YES 2 NO	COMPLETION OF CAUSE OF DEATH?							
MEDIC			1	_   (`	1 TYES 2 THO							
	DID TOBACCO USE CONTRIBU	ITE TO CAUSE OF DEATH YE	s 🗆 no 🙇 uncertaii	N 🗆								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEAT										
SIC	1 VES 2 NO	SPITAL: Inpatient 2 - ER/Outpetient 3 - DOA	OTHER 4   Nursing Home 5   Residence	8 Other (Specify)								
Ĕ	27. MAHHER OF DEATH	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME (HJU	OF 28c. IHJURY AT WORK?	28d. DESCRIBE HOW INJURY O	CCURED							
ВУ	1 Heturel 5 Pending 2 Accident Investigation	(11014)	M 1 YES 2 HO									
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm, st building, stc. (Specify)	treet, factory, offica	28f. LOCATION (Street and Numb City or Town, Stete)	ber or Rural Route Number,							
TE	4 Homicide datarmined	and the factority		City or lown, Stelle)								
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAH	To the best of my lawledge, death occurre	d at the time, date and place, end due	to the cause(s) and manner on a	stated.							
W		the basis of exemination and/or investigation										
	29b. SIGNATURE AND TITLE OF CERTIFIER	11 /	200 11051105 1111									
BE	the state of	41/	D 7 22	200.0	- 1- CLIATE 27 1546							
2												
	UNOTE FACE	(1) / 1 (-11/A	000 ( my / 200	AI Upos	)//							
	31. DATE FILED (Month, Day Year)	32/RECISTRAR'S GENATION	en you the	w Fill	J							
	MAR 1 1996 gul	35 HE CLAN LY & SON THREE										

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Iteml6b, 20b, Film733, 3/1/96, 1t
- FOR STATE REGISTRAR
ST STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MATTHEWS February 28 9:03 A M DOROTHY 1996 4. SOCIAL SECURITY NUMBER 246-40-7951 S. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Yea S. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 T 65 <del>225-38-3206</del> 28, Aug 930 North Carolina 9e, FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. JOSEPH"S HOSPITAL Baltimore n/a RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 | NO Baltimore Maryland 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1526 North Pulaski Street 21217 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATES
1 Never Married 2 Zymarried 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 ☐ YES 2 ▼ NO Specify: FORCES? 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced black ETED. 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) College (1-4 or 5+) Elementary/Secondary (0-12) COMPL College Nurse PRIVATE U DUTY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Meiden Surneme) Ħ Connie Hilliard Dollina Sharp notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Rome Matthews 1526 North Pulaksi Street Baltimore, MD 21217 pe 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Mar 5 Baltimore County, MD Woodlawn Cemetery 22. NAME AND ADDRESS OF FACILITY Nutter FuneralHomes, Inc examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 form 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximats shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final the disease or condition 1) Respiratory insufficiency resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Pulmonary edema and congestion 3-4 days CERTIFICATION Sequentially ilst conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata 2) Large cavitary bronchopneumonia, left upper lobe 10-15 days cause. Enter UNDERLYING other t CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): reauiting in death) LAST 3) History of tuberculous lung disease under therapy 10-15 days 0 PART II. Other significant conditions contributing to death but not resulting in the underlying ceuae givan in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE abnormal liver functions any YES 2 NO OF DEATH? shows a TY YES 2 NO has be Dept. t DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN I PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Hem HOSPITAL: OTHER: 1√ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 TYES 2 NO ng Home 8 - Reeldence 8 - Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY marked, Natural 5 Pending 1 YES BY 2 Accident Investigation DIRECTOR: Aff hours after des Item 28 is n 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rurel Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide Item 29e CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner se attend. COMPL = Investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner ee stated. IMPORTANT: 29¢ LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE D06234 February 28, 1996 0 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D., St. Joseph Medical Center, 7620 York Road, Towson, MD 2120 Samuel C.H. Lee, 32. HEGISTRAR'S SIGNATURE " a dson Pandell

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10 THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this center filed within 72 hours after death with the	IMPORTANT: If Item 28 is marke

	FOR 1 - STATE REGISTRAR	STATE OF MARY				EALTH AND	MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		02,111			DEATH	2. DAT	OF DEATH			3. TIME OF DEATH
•	Robert J. McD	onald					Feb	28, 18	96	YEAR	1:15 am M
	4. SOCIAL SECURITY NUMBER		E (în yrs. lest birtnde	y) IF UNDER	1 YEAR	IF UNDER 24 HRS	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	217-26-4628	1 [XM 2 [F 6	5 YRS	MONTHS	DAYS	HOURS MIN.	NOV	27, 19:	30	Virg	inia
	9e. FACILITY NAME (If not institution, give a	treet and number)		9b. CIT	, TOWN C	R LOCATION OF				NTY OF DE	EATH
5	Anne Arundel Medi	cal Center		Ann	apo]	is			Anne	Aru	ndel
DINECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY										
		rundel		napol		ION					10d. INSIDE CITY LIMITS?
- 1	10e. STREET AND NUMBER			L		. ZIP CODE			Man CITI	ZEN OF W	1 X YES 2 NO
LONERAL	113 Rosecrest Dri	VP				403			US		IIAI COOMINI
	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13.		ENDENT OF HIS	PANIC ORIGI	N? (Specify Yes			- American Indian.
	1 Never Married 2 Merried	FORCES? 1 TYPE IF YES, GIVE WAR OR 1950-54	S 2 NO		If yee, sp	2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ican, Puerto			Black Specif	White, etc.
	3 Widowed 4 Divorced	1950-54	7.5			_A					White
2	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT	of work done	during mo	oN st of working	16	b. KIND OF BUS	SINESS/IND	DUSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	Home I	use retired.)		nts			Contr	acto	r
COMPLE	17. FATHER'S NAME (First, Middle, Lest)						NAME /Floor	Middle, Maiden	Company)		
	Robert Marshall M	icDonald				Virgi	nia M	ae Bari	COW		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRES	S (Street a	nd Number or Rui	ral Route Nur	nber, City or Tow	n, State, Zip	Code)	
2	Shirley A. McDona	ıld	113 F	Rosecr	rest	DRive,	Anna	polis,	MD	2140	3
	20e. METHOD OF DISPOSITION 1 XBuriei 2 Cremetion 3 Rem	auml from State	Ob. PLACE AND DA	TE OF DISPO	SITION (Na	me of	DA	TE 20c. LO	CATION —	City or Tox	wn, State
	4 Donation 5 Other (Specify)		emetery crematory of Hillcres	t Cen	eter	У	3/1	/96 Anı	napol	is,	MD
	22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A.										
	12 Ridgely Ave. Annapolis, MD 21401 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, Approximate										
HILLICALION	shock, or haert failura.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR A:	S A CONSEQUENCE	OF):	m	Cell	Cons	ikr			Interval Batween Onset and Death
3	DAPT II ON THE STATE OF THE STA	u.									
2	PART II. Other significant condition	is contributing to death	1 Dut not rasultir	ig in the U	ndariyin	g causa given	in Part I.	24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	- Hyper whim	Wallt						1 TYES 2	NO		OF DEATH?
	DID TOBACCO USE CONT	RIBLITE TO CALISE	OF DEATH	YES S	ίο Γ	1 LINCERT	AIN []				1 YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL	THE TO CAUSE	26. PLACE OF D			- OTTELICI	- TITLE	1			
SICIAN	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O	utpatient 3 DO/	OTHE		e 5 🗆 Residen	ce 6 Ott	ner (Specify)			
	27, MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yea.	Y 28b.	TIME OF	28c. INJ		_	SCRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending 2 Accident Investigation	(wonth, buy, too	·	М		YES 2 NO					
- 1	3 Suicide 8 Could not be	26e. PLACE OF INJU building, etc. (S	JRY — At home, ten (pecify)	m, atreet, fac	tory, offic	•		CATION (Street of or Town, State)		r or Rumi R	loute Number,
MFLEIED	29e. CERTIFIER										
L L	one)	SICIAN: To the beet of my kn ER: On the besis of exemina									and manner as stated
3	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE					
	6 1/ /.	n				D 2	- 40 B		DAT	2/28	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF	DEATH (ITEM 27) (7	ype, Print)			1 (5)			-120	110
	180 Admira	1 Coch	rane	Dr		Annan	lis	MO	> 2	140	1
	31. DATE FILED (Month, Day, Year) MAR 0 1 1903	32. REGISTRAR'S SI	GNATURE A	9				1			
	MAR 8 1 1933	, William	- APPER								

# Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 05722

	_					Certific				Reg. No.			
husisian		. Decedent's Neme (First, Middle,	Last)			19			2. Dete of De Month	eeth Day	Yeer	3. Time of Deeth	
Physician /Medical		DOROTHY	MURPH	łΥ					FEBRU	ARY 29,	1996	12:45 P	
Examiner		e. Facility Name (If not institution,	give street end numb	ber)				4b. City, Town, o	or Location of Deet	h 4c. County	of Death		
	L	2145 FIRETHORN	ROAD						RIVER	BAL	TIMOR	Ε	
uneral	5	. Social Security Number	6. Sex 7.	. Age (In yrs		Mon	nder 1 Year oths Deys			rth ay, Year)	9. Birthple Counti	oce (State or Foreign)	
rector		234265371	7k-X		73	Yrs.				25, 1922		IRGINIA	
*	$\vdash$	Jsuel Residenca of Decedent  0a. Stete 10b. County		100.0	ity Town	n or Location			10d. inside City I				
terr must be notified at free must be notified at "uneral Director			TIMORE								10	1 ☐ Yes 2 ☑ N	
or 28a-f a be notified Director	<u> </u>		IIMOKE	l l	MIDD	LE RIV							
를 등	1	0e. Street and Number				10f	f. Zlp Code			10g. Citizen of	What Count	ry?	
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frac must	1	1. Merital Status	12. Wes Decede	es?	U,S.	13. Was D If Yes,	ecedent of I specify Cub	Hispanic Origin? en, Mexican, Pu	(Specify Yes or No erto Rican, etc.)	0- 14. Rad Bla	e - Americe ck, White, e		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH G. JUANITA MARSHALL 2/28/96 10:55 A M A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 M 2 F 213 30 2954 6/1/34 MD 9e. FACILITY NAME (If not Institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATI 9c. COUNTY OF DEATH DIRECTOR (HOME) 1405 WASHINGTON BLVD BALTO. CITY BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MD, BALTIMORE # YES 2 NO BALTO, CITY FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1405 WASHINGTON BLVD. 21230 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Ricen, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried BY 3 # Widowed 4 Divorced AMERICAN ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade COMPLET Elementery/Secondary (0-12) College (1-4 or 5+) 12 Homemaker 0 HOME 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME /First, Middle, Maiden Surname CHARLES **GREEN** LUCY GREEN BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CHARLOTTE MARSHALL 1218\_BAYARD ST. BALTIMORE MD. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Buriel 2 Cremation 3 Removal from State CROWNSVILLE V.A. CEM. Donation 5 Other (Specify) 3/4/96 CROWNSVILLE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. 23. PART I. Enter the disease, or complications that caused the death. Oo not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition metastatic breast cancer 2 years resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 X NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO W UNCERTAIN I PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Name 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Nomicide 29e. CERTIFIER

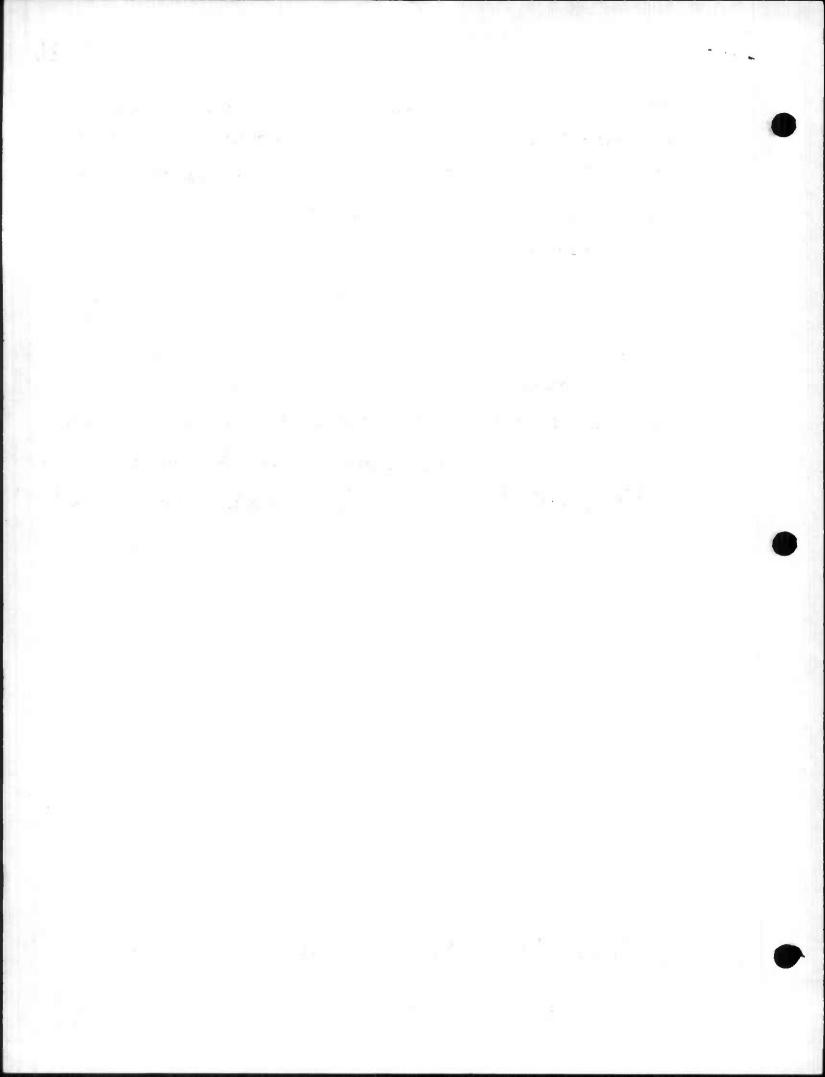
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es atated 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as atteted. 296. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2-29-96 un 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print).

David A Van Echo MD University of MD Chincer Center 22 Screenest Baltomore MD 2/201 31, DATE FILED (Mont 32. MEGISTRAR'S SPLATUREDO 1996

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 05724

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Securitial Process of Process o	ed with ygiene. er then t, m.	Comp	12		ge (1-4or 5+)				esenta					any	
1. Devial 2 Difference in State Metro Crematory Feb. 29,1996 Catonsville, Maryland 4. Donation 5. Others (Specify)  22. Name and Address of Facility  1. Leroy M. & Russell C. Witzke Funeral Hom  1630 Edmondson Avenue Catonsville, Maryland  23. Name and Address of Facility  1. Leroy M. & Russell C. Witzke Funeral Hom  1630 Edmondson Avenue Catonsville, Maryland  24. Pert. Enter the desea, or complications that caused the deeth. Do not erest the mode of dysg, such as cardiac or respiratory areast.  1. Due to (or as a consequence of):  2. Name and Address of Facility  1. Leroy M. & Russell C. Witzke Funeral Hom  1630 Edmondson Avenue Catonsville, Maryland  25. Pert. Enter the desea, or complications that caused the deeth. Do not erest the mode of dysg, such as cardiac or respiratory areast.  1. Due to (or as a consequence of):  2. Name and address of Facility  1. Leroy M. & Russell C. Witzke Funeral Hom  1630 Edmondson Avenue Catonsville, Maryland  26. Pert. Enter the desea, or complications that caused the deeth. Do not erest the mode of dysg, such as cardiac or respiratory areast.  1. Due to (or as a consequence of):  2. Due to (or as a cons	fental H fental H feed offi fic even	Be										The state of the s			
1. Deputing 2 Different points and Address of Facility 1. Let only one cause the deeth. Do not enter these and Address of Facility 1. Let only one cause the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest.  1. Deputing 2 Different points and Address of Facility 1. Let only one cause the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest.  1. Deputing 2 Different points and Death Death of the cause of t	Peges 1 and 2 shound of Haalth end Murt: If Item 27 is manny or other traums						_								4
Physician // Section of the desease or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest.   Approximate inferrent Between Onset and Death   Approximate inferrent Betw			1 Burial 2 DCremation			cemete	ry, creme	etory or other p	-	29,1	5.1100				
23a. Part L. Enter the diselese, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Country and Intervel Between Crists and Death and Deat	Departr Departr Importu any inju		21. Signature of Funerel Sarvice	Licensee	T		22.	Nama end Add	rass of Facili	ity		itzke	Fune	ral	Home
Company   Comp	100		Sequentially list conditions, if any, leeding to immadiete cause. Enter Underlying Cause (Disease or injury that initieted events	b		e to (or es a	Med	ance of):							
Company   Comp	e death ce the attendi		Pert II. Other signiffcant condit	d	o death but n	ot resulting in	n the und	larlying cause	given in Pert	l,	23b. Dld to	obacco use c	ontribute to	the car	use of death
Company   Comp	ss thet th gned by be detac		Chronic L	my Dis	easu						10X Y	●8 2□ No	3 Prol	bably	4 Unknow
28. Placa of Deeth (Check only one)  28. Placa of Deeth (North)  28. Placa of Deeth (No	law requin nas been si e 2 should	npieted											ava	allable p mpletion	rior to
27. Manner of Death 1 Naturei 2 Acident 3 Suicide 4 Homicide 28e. Piece of Injury 28e. Piece	E ag		25. Wee case referred to medic						OR Pine	4 Do oah			10	] Yes	2 X No
1   Nature   2   Accident   3   Sulcide   4   Homicide   5   Pending investigation   28e. Piece of finiury - At home, term, street, fectory, office   28f. Location (Street end Number or Rural Route Number, City or Town, Stete)   29a. Certifier (Check only one)   29m. Certifying Physician: To the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end pleca, and due to the cause(s) end manner as stated. (Check only one)   29b. Signature and title of certifiar   29c. Licansa numbar   29d. Dete signed (Month, Dey, Year)   23 3 6 5   2 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	s cert direct	0 8	exeminar?	Hospital:	□inpatient	2 □ FR/Oι	toatient	3 DOA	ther:				har (Snecif	וע	
29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) end menner as stated. (Month, one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) end menner as stated. (Month, one) 2 Debt signed (Month, Dey, Year) 29b. Signature and title of dertifiar 29c. Licansa numbar 29d. Dete signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 7/6 MAIDEN CHOICE LANE CATONSVILLE MARYLAND 2/228	anding eath. or: After the fune		27. Manner of Death 1 Naturei 5 Pend 2 Accident invest	ng (A		28b.	Time of	28c. Inj	ury et ork?	No 2	28d. Describe h	ow injury occu	rred		
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  716 MAIDEN CHOICE LANE CATONSVILLE MARYLAND 21228			4 ☐ Homicide deten	nined 286. Pi	uilding, etc. (	Specify)					City or Town	n, Stete)			rvum <i>ber</i> ,
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)  716 MAIDEN CHOICE LANE CATONSVILLE MARYLAND 21228	the Hospi hin 24 ha the Fund npletely f		(Check only 2 Medica one)	Examiner: On the	e basis of ex	amination en	, deeth o d/or inve	stigetion, in my	opinion, dee	nd plece, e oth occurre	ed at the time, d	ate end pleca	, and due to	the cau	
716 MAIDEN CHOICE LANE CATONSVILLE MARYLAND 21228	2 1 2 8		Catrile	Willie	ta 1	1.0		0 z		5	2	2 R	9/96	Dey, Ye	ar)
State 31. Determed (Month, Day, Tear) 42. Hegistrar's Agnature (Month, Day, Tear)	10		the state of the s	DEN C	HOICE	= LAI	NE	CA	TONS	SVIL	LE M	ARYLA	IND	21	228



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 🤰 🖯 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Milhorn **Physician** 10:30 AM 1-69 /Medical 4e. Feclity Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Columbia Howard Howard County General Hospital | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | 0 1 / 2 2 / 1 9 1 7 Birthplace (State or Foreign Country)
 WV. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) **Funeral** 1 □ M 2 🛛 F 79 Yrs. Director 233-03-0235 Usuel Residence of Decedent death with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examinar must be notified at MD Howard Ellicott City 1X Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2520 Ashbrook Dr. 21042 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ŽUNo If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or he any injury or other treumatic event, the Medical Examines. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White ģ 3☐Widowed 4 □ Divorced Completed Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) Elementery/Secondery (0-12) Administrative Assistant Insurance Co. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Howard Miller Catherine Mulroy 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Monica Hiley 2520 Ashbrook Dr. Ellicott City, MD 21042 20b. Pleca of Disposition (Neme of cemetery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 03/01/96 Cheltenham, MD 1 XBuriei 2 ☐ Cremetlon 3 ☐ Removel from State Cheltenham Vet. Cem. 4 ☐ Donetion 5 ☐ Other (Specify) of Funeral Service Licensee 22. Neme end Address of Facility Sterling Ashton Funeral Home, 21228 736 Edmondson Ave. Balto. MD. 23a. Pert1. Enter the dicesse, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or hear feiture. List only one cause on each line. Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es e consequence of) sician and bunal-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): nding physiclan a usa as tha burial-Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): attan Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detach dio myopat h 1 Yes 2 No 3 Probably 45 Unknown à 24b. Were autopsy findings evelleble prior to 24e. Was en eutopsy performed? Completed completion of cause of death? has 1 ☐ Yes 1 ☐ Yes 2 No cartificata OWNER Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cardific completely filled in by the funeral director, 25. Wes case referred to medical examiner? Be 28. Piece of Death (Check only one) Hospital: 1 Appatient 2 EP/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Dete of injury (Month, Dey Year) 27. Menner of Death 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 28b. Time of 1 Neturel 2 Accident 5 Pending investigation Injury 1 Tes 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end manner stated. edicai 29a. Certifier 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signeture end title of certifier of deeth (Item 23e) (Type, Print) 17085 Little Patuxent Pkuy Columbia 21044 MD Michae

State Registrar

31. Dete filed (Month, Day, Year)

A 12 45 

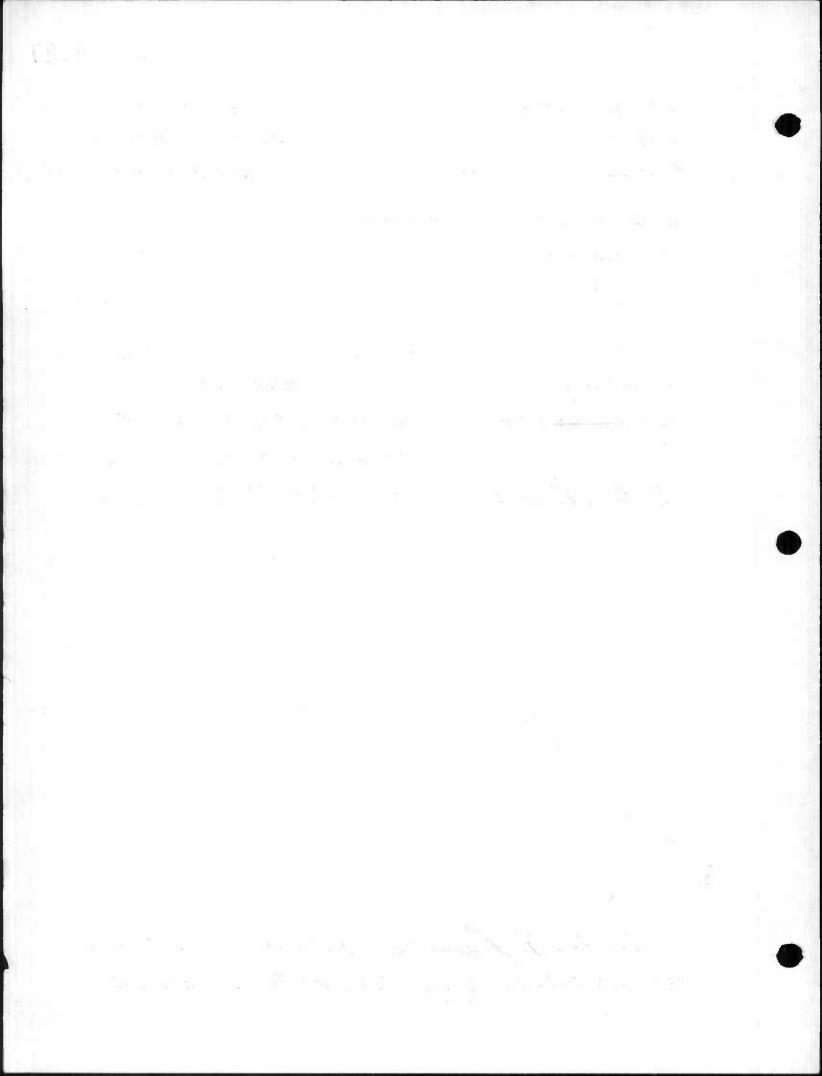
IECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE FUNERAL DIRECTOR; After this cer	filed within 72 hours after death with th	IPORTANT: If item 28 is marked, o
	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou	= -

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, Joseph	MEKINSK	4			2. DATE OF DEATH MONTH	WY 9°C	3. TIME OF DEATH  G:38 A M		
4. SOCIAL SECURITY NUMBER 217-07-3153	1 🔀 M 2 🗆 F 7	6 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) Feb 21,	a. BIRTHPLACE (State or Foreign Country)  Md			
Bon Secour Ho	ospital		Baltin	NOTE	EATH	9c. COUNTY			
RESIDENCE OF DECEDEN  10a. STATE 10b. CO			rown on Locat		TO SEL		10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
100. STREET AND NUMBER 2243 Easter:	n Avenue			21222		10g. CITIZEN	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, sp		NIC ORIGIN? (Specify Yen, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) Unknown	BEDUCATION grade completed) College (1-4 or 5+)	ille. Do NOT use I	k done during mo retired.)	st of working		JSINESS/INDUST	RY		
17. FATHER'S NAME (First, Middle, La.	Mekinski	Warehou	se wor	18. MOTHER'S NA	ME (First, Middle, Maider ia Kisie				
19a. INFORMANT'S NAME (Type/Print, Robert Robin:			196. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3488 Woodholme Rd, Hampstead, Md 21074						
20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   Cemestery, cremetory or other place)   Holy Rosary Cemetery 3/1   Baltimore, Md   22. NAME AND ADDRESS OF FACILITY   Bradley Ashton Funeral Home   2134 Willow Spring Road, Dundalk 212									
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Result Contribution for the underlying cause given in Part I.  Personated?  1 yes 2 No  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
25. WAS CASE REFERRED TO MEON EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Vinpatient 2 - ER/Ou		OTHER:	ne 5 🗆 Rasidence	6 Other (Specify)				
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investig			RY WC	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could n 4 Nomicide detarmi	or be building, atc. (Sp	RY — Al home, farm, streecify)	eet, factory, offic	•	281. LOCATION (Street City or Town, State		tural Route Number,		
(Crieck only	PHYSICIAN: To the best of my kno				100		use(a) and menner as stated.		
29b. SIGNATURE AND TITLE OF GE	Sel 79			29c LICENSE NU	MBER 37	29d. DATE SIG	GNED (MONN, Day, Year) - 28-96		
DAILSHAN	S & SALUIT	m) 16	oow.	MOUN-	Royal Royal	Au	Balto 21217		
MAR 1 1996	July Davidson-R	nature				,			

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ITEMS: 7. E 19a, PER F.H. FILM G-733 State of Maryland / Department of Health and Mental Hygiene 96 05727

	5/12/90 L	٠.				Certi	ificate of	f Death		Reg. No.				
	Dhysis	ion	1. Decedant's Neme (First, Mide						2. Dete of D Month		Year	3. Time of Death		
	Physician /Medical		Deruid n. MCAILISCEL						Feb.	22, 1996		12:30PM		
7	Exami	ner	4a. Facility Neme (If not institution 12335 Belair	Rd.				Kings	m, or Location of Dea					
	Funeral Director		5. Sociel Security Number 214-12-9621 Usual Residence of Decedent	6. Sex 7 1 □ M 2∑XF	75 74		If Undar 1 Yaa Months Day		Min. 8. Data of B (Month, I Apr. 22	Pay, Year) 1, 1921	9. Birth Cou Terra	place (State or Foreign intry) Haute, Ind.		
	hend wa		10a. Steta 10b. Count	у	10c. City, Tow	vn or Loca	ition					10d. Inside City Limits		
	Mery Fied	to	Maryland Balt	imore	Ki	ngsvi	ille			1 □ Yas				
	th the	lrec	10e. Street and Number				10f. Zip Code			10g. Citizen of	of What Country?			
	th wil	aic	12335 Belair Road 21087							U	.S.A.	.A.		
21215-0020	within 72 hours effer deeth with the Meryland ene, than "naturel", or items 23s or 28s-f show re Medical Examinar must be notified at	by Funeral Director	11. Marital Status 1 ☐ Nevar Married 2 ☑ Me 3 ☐ Widowed 4 ☐ Divorce	rried 1 Yas 2	Z (XNo	J.S. 13. Wes Decedant of Hispanic Origin? (Spif Yes, specify Cuben, Mexican, Puarto		In? (Specify Yes or N Puarto Rican, etc.)	lo- 14. Re Ble Speci	Rece - Amarican Indian, Bleck, White, atc. Cify: White				
5-0	72 ho	eted	15. Decede (Specify only high	nt's Education ast grada completed)	16e	. Deceder (Giva kir	nt's Usuei Occ	upation a during most	of working	16b. Kind of E	3usiness/ir	ndustry		
121	vithin ne. hen "	Completed	Elementery/Secondary (0-12)				nd of work don NOT use retir	ed)						
	filed with Hygiene. rther ther		17. Fathar's Neme (First, Middle		Bi	eauti	autician			Beautic:				
lan	should be filed within and Mentel Hygiene.  marked other than imatic event, the Mentel	To Be	Francis Gagno						rtha Schmi					
Maryland	2 2 2 2	-	19e. Informent's Name/Relation Charles E. McCalli	ship (Type, Print)			Address (Stree		or Rural Route Num Kingsville			ip Code)		
Baltimore,	permit. Pages 1 end i Depertment of Health Important: If Item 27 i any injury or other tr. once.		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (		tete cemete	ry, creme	tion (Nema of story or other po	lece)	Dete . 26,1996	20c. Location BelAi:	- City or T			
Balti	permit. Pages Depertment of h important: if its any injury or of once.		21. Signature of Funerel Service	Licensee	,	22. N	Name and Add	rass of Facility	FUNERAL HO	MF				
			23a. Pert1. Enter tha disaase, o shock, or heart feilure. Lis	or complications that car	used tha daath. Do	not enter	1750 Be the mode of dy	lair Ro	d. Kings v	rille, M	d. 21	Approximata		
N	Physician		Shock, or near feilure. Lis	t only ona cause on eac	ch line.						1	Interval Between Onset and Death		
и	/Medical Examiner		Immediete Cause (Final disaesa or condition	Can	bro V.	àsci	lan l	Bacio	I (Strok	(.)		2 0		
п	Examiner		resulting In death)	a.	Due to (or es a	consequa	anca of):		I (Strok					
_	ted nsit	nin e		b. Cari	teripoe	lun	be Vo	scula	u Deser	٩		10 yr		
	artificate be executed ing physician end e as the buriel-fransit	Examiner	Sequentially list conditions, if any, leeding to immediata		Due to (or es e	consequa	inca of):				į			
68760,	e be													
	g phy as th	Medical												
Box	eath cert ettendin			d							<del>-</del>			
	the ette	Physician	Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.							23b. Did tobacco use contribute to the cause of death?				
s, P.O	gned by the be detached	by Phy							10	1  Yes 2 No 3 Probably 4 €				
Vital Records,	The lew requires that the death certificate be executed that been signed by the ettending physician end page 2 should be detached for use as the burial-transit	Completed	Essent	red lyge	lenses	_				es an eutopsy formed?	an Co	Vare autopsy findings vallable prior to omplation of cause f death?		
E.	ystcian: The last certificate hadirector, page	E O							10	Yes 2 No	1	☐ Yes 2☐ No		
/ita	delan: The	Be	25. Wes case rafarred to medical exeminer?					26. Pleca	of Daath (Check only	one)				
50	£ £ =	P	1 ☐ Yes 20 No		patiant 2 ER/Ou	-	3LI DOM		sing Home 5 Re			ify)		
no	After funer	ion	27. Menner of Death 1 Neturel 5 □ Pendi		Dey Year) 28b.	Time of Injury	28c. Inj W M 1[	uryet ork? ⊒Yes 2 □ N	1 12 14 14 14 14	e how injury occu	med			
Division	if or Attending Person of Start After to by the funerion of the funers	Certification:	3 Suicide 6 Could	not be 28e Plece of	f Injury : At home, fe	erm street				(Street and Num	ther or Rui	ral Routa Number,		
<u>S</u>	or A setter Direction b	ert	4 ☐ Homicide Getarr	mined 286. Plece of building	, etc. (Specify)	Jilli, 3000	t, lectory, office			own, Stete)	50, 0, 1,0,	ar roote romoo,		
	Lospita 4 hours Funeral	edical C	29e. Certifier (Check only one) 1 Certifyl 2 Medical	ng Physicien: To the be Examiner: On the bas and menne	is of exemination en	e, death o	ccurred et the stigation, in my	time, dete end opinion, deeth	place, end dua to the cocurred et the time	e ceuse(s) end m a, date and place	tannar es s , and due t	statad. to the cause(s)		
E	Within 2 To the Compie	Σ	29b. Signature end title of cartific	er /	1		29c, Licer	nse number		29d. Date sign	ed (Month,	Day, Year)		
all land			- rherd	~ X /	vano	30	De	0/34	40	2-2	13 -	96		
	10	- 24	30. Name end eddress of person THEODORE	who completed cause	of deeth (Item 23a) MD _9664	(Type, Pri	int) ELAIP	Rd 2	BALTO A	1421	236			
	Sta		MAR 1 1996	Julia Sattass	jetrados de Ma					*		42		
	Registr	ar	MAK T 1220	0		٠. ١								



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State of Maryland / Department of Health and Mental Hygiene

If Undar 1 Yaer Months Days

Certificate of Death

**Physician** /Medical Examiner

1. Decedant's Neme (First, Middle, Last) George M. Nutwell Sr.

5. Social Security Number 212-18-8717

Feb.

3. Time to the 27° 1996 11:10am

4a. Facility Name (If not Institution, giva street end number) Meridian Spa Creek Nursing Home

1€ M 2□ F

4b. City, Town, or Location of Deeth Annapolis

4c. County of Deeth Anne Arundel

**Funeral** Director

with the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiene. Important: if them 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Entities man be notified as

**Physician** 

/Medical Examiner

Brid

physician

attending

E

8

page 2

8

Box 68760,

Division of Vital Records, P.O.

or Attending Physician: after death.

24 hours at Funeral D

To the Horwithin 24 h (BB)

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Attac

Director

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Examine

Physician/Medical

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Completed

Be

Certification: To

edical

Baltimore, Maryland 21215-0020

MD

Director

Funeral

þ

Completed

10b. County

10c. City, Town or Location Deale

7. Aga (In yrs. last birthday)

83

If Under 24 Hrs. Hours Min.

2. Dete of Deeth

8. Data of Birth Month, Day, Year 13 Mary Land 9. Birthplace (State or Foraign

10d. Inside City Limits

1 Yas 2X No

Usuel Residence of Decedent

Anne Arundel

10f. Zlp Coda

10g. Citizen of What Country? USA

16b. Kind of Business/Industry

10e. Street and Number 5842 Rockhold Creek Drive

11. Maritel Stetus 1 Nevar Married 2 Married 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☒ No If Yas, Giva Yeer or Datas:

 Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ Yas 2X No Specify:

20751

14. Race - American Indian, Bleck, White, etc. White Specify:

3 ☐ Widowed 4 ☐ Divorced

15. Decedant's Education (Specify only highast grade complated) Eiamantary/Secondary (0-12) Collega (1-4or 5+)

16a. Decedent's Usuei Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) Register of Wills

17. Father's Nema (First, Middle, Last)

18. Mother's Nema (First, Middla, Maiden Sumama)

State of Maryland

Marion Fennimore Childs Nutwell

Edna Florence Sherbert

19a. Informant'a Name/Relationship (Type, Print)

19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 5842 Rockhold Creek Dr. Deale, MD 20751

Martha M. Nutwell

20a. Mathod of Disposition 1 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Othar (Specify)

20b. Piece of Disposition (Name of cematary, cramatory or other piece) Sherbert Cemetery

3/1/96 Deale, MD

20c. Location - City or Town, Stata

21. Signature of Funerel Sarvice Licensee

22. Nama and Address of Fecility Hardesty Funeral Home, P.A.

12 Ridgely Ave. Annapolis, MD 23a. Parti Æfifar tha diseese, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each limit.

21401

Due to (or as a consequence of).

tmmediata Causa (Final disaasa or condition rasulting in daath)

Sequantially list conditions, it any, leading to immadiata cause. Enter Underlying Causa (Disaase or injury that initiated evants resulting in death) Last

Dua to (or as a consequence of)

Due to (or es e consequence of):

Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert i.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to complation of cause of death?

1 Yas 2 No

1 ☐ Yas 2 ☐ No

25. Was case rafarred to finedical examinar?

1 Yas 2 No

27. Manna of Death 1 Matural

2 Accident

3 Suicide

4 Homicide

5 Pending Invastigation

6 ☐ Could not be

28a. Date of injury (Month, Day Year)

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of tnjury

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 28d. Dascribe how injury occurred

Ptace of Injury - At homa, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a, Certifian

1 Certifying Physician: To tha bast of my knowledga, daath occurred at the tima, data and place, and dua to tha cause(a) and mannar as stated. | Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

e and title of certifian

31. Date filed (Month, Day, Year)

0 1 1996

29d. Data signed (Month, Day, Year)

who completed causa of death (itam 23a) (Type, Print)

Hospitai:

003 MED.

26. Pieca of Death (Check only ona)

State Registrar I DE LANGE AND THE STATE OF THE

#### Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q C

					Cei	rtificate	of Death		Reg. No.	0 (	19129		
Physici	ian	1. Decedent's Nema (First, Middle, La			1	1		2. Deta of De Month		Yeer	3. Time of Death		
/Medi		Barbara	Young		Neur	pacher				996	4:30pm		
Examir		4e. Facility Nama (If not institution, gi					4b. City, Town, o	or Location of Daath	4c. Coun	ty of Deeth			
		8223 Tomlinson		. // /	4 6 5 46 44 3	if Under 1 )	Severn	FO 0 0 1 (D)			undel		
Funeral Director			Sax 7. Ag 1 □ M 2 XF	a (In yrs. las	Yrs.		ays Hours Mi		, 1945	9. Birth Cou New	piace (Steta or Forei ntry) York		
ž ==		10e. Stete 10b. County		10c. City,	Town or Lo	cation					10d. inside City Limi		
H B	tor	MD Anne Ar	cundel	Sev	ern						1⊠Yes 2□N		
7 28 2 Pot	Director	10e. Street and Number		I.		10f. Zip Co	de		10g. Citizen of	What Cou	ntry?		
23a	aiD	8223 Tomlinson	Court			21	144		USA				
ijena. r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Maritai Status  1 □ Never Married 2⊠ Married  3 □ Widowed 4 □ Divorced	Armed Forces?	1 ☐ Yaa 2 ☐XTo If Yes, Give			of Hispanic Origin? Cuben, Mexicen, Put No Specify:	(Specify Yes or No arto Ricen, etc.)	Bi	ice - Amari ack, White, ify: Whi			
natur Zical	Completed	15. Decedent's E (Specify only highest gr	College (1-4or 5+)		16a. Deced	dent's Usuei O	ccupetion	endrina.	18b. Kind of I	Business/Ir	ndustry		
	npie	Elementery/Secondery (0-12)				(Give kind of work done during most of w life. DO NOT use retired)		OIKING					
Hygier ther th		12	1		Homer	maker	14.4			wn Home			
ntal Hyg ed other svent,	Be	17. Fathar's Nama <i>(First, Middle, Last</i> Robert George \	,	n					First, Middle, Meiden Sumeme)				
th and Mental Hygiena. 7 Is marked other than traumatic svent, the M	To	Robert George VanPeursen  Margaret Spaeth Dunc  19e_informent's Neme/Reletionship (Type, Print)  19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stet											
27 le		William D. Neuk	acher		822	4 Tom	linson C	ourt, S	MD	21144			
nent of Health int: If item 27 iry or other tra		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		20b. Piec cem Meti	e of Dispo etery, cren CO CI	sition (Name of natory or other rematory	of r place) Dry	3/2/96	20c. Location Balti				
Department of Important: If it any injury or once.		21. Signature of Foneral Pervice Lice	andl				ddress of Fecility Ly Funera Jely Ave				21401		
		23a. Part1. Enter the disaasa or corr ahock, or heart feiture. List only	plications that caused	the deeth.	Do not ente	er the mode o	dying, such es cerd	ec or reapiretory a		1	Approximete interval Between		
ng physician and as tha burial-transit con	cal Examiner	resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated eventa	c	Due to (or a	s(a) conseq	uence of):					Yeors		
attending phy I for usa as th	Physiclan/Medical	resulting in death) Lest	d	Due to (or as	e consaq	uance or):							
ed for	sicia	Pert ii. Other significant conditions of	contributing to death bu	ut not resultin	ng in the ur	nderlying ceus	e given in Part i.	23b. Did	23b. Did tobacco use contribute to the cause of dea				
igned by the a be detached i	/ Phy	10							Yes 2 No 3 Probably Munking				
been sign	Completed by							24a. Was perfo	en eutopsy med?	a\ cc	Vere eutopsy finding valiable prior to ompletion of ceuse death?		
2 8	E							10	ras 200 No	1	☐ Yes 2☐ No		
is certificate director, pag	Be	25. Wes cesa referred to medical					26. Piece of D	eeth (Check only o	ne)				
S 10	To	examiner? 1 ☐ Yas 2 ☐XNo	Hospitel: 1 ☐ inpatle	nt 2DEF	/Outpatien	t 3□ DOA	Other: 4 Nursing	Home 5 Resid	dence 6 🗆 Ot	her (Speci	(hy)		
		27. Manner of Deeth  1 Seleturei 5 Pending 2 Accident investigation		y Year) 28	b. Tima of injury	28c.	injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe I	now injury occu	irred			
within 24 hours aftar death.  To the Funeral Director: Aftar th completely filled in by tha funeral	Certification:	3 Suicide 8 Could not be determined	28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify)  28f. Location (Street and Number or Rural Routa North City or Town, State)							al Routa Number,			
thin 24 hours the Funeral mpletely filled	edicai	29a. Certifier (Check only one) 1 ☐ Certifying Pr 2 ☐ Medical Exam	ysicien: To the best of niner: On the basis of and menner ste	examinetion	dge, deeth and/or inv	occurred et ti restigetion, in	ne time, dete end ple my opinion, deeth oc	ce, end due to the curred et the time,	ceuse(s) end m date and plece	nanner es s , end due t	stated. to the ceuse(s)		
within 7	M	29b. Signeture end title of certifier		, . N			cense number		29d. Deta sign				
		> KIDOVKE	1	MD			16343		2	129	196		
	. 1.		and the same of th					DR Ca					

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item22 Film733 3/1/96.1t 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Day **Physician** HANK NEILEY 5:00 P FEBRUARY 27,1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 2017 FREDERICK AVENUE BALTIMORE BALTIMORE CITY Hours Min. 8 Data of Birth (Month, Day, Year) APR 24, 1913 If Under 1 Year Months Days 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Vre Director 384 09 4655 82 MICHIGAN Usual Rasidence of Decedent 10a. Stata 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumetic event, the Medical Examiner must be notified at 10d. Inside City Limits Director BALTIMORE CITY 1 ☑ Yas 2 ☐ No MD N/A 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? USA 2017 FREDERICK AVE 21223 Funeral 12. Was Decedent Evar In U.S. Armed Forcas? 14. Race - Amarican Indian, Biack, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) e filed within 72 hours after of Hygiene. 1 Yas 2 No If Yas, Giva Yaar or Dates: 1 ☐ Navar Married 2 🕅 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🕅 No Specify: WHITE þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) FOOD INDUSTRY 12 MEAT CUTTER permit. Pages 1 and 2 should be fille Department of Haalth and Mental Hyg Important: If Item 27 is marked other any injury or other traumatic event, pages. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) ALVIE NEILEY ETTA 19e. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 2017 FREDERICK AVE., BALTIMORE, MD. 21223 WIFE ELSIE M. NEILEY 20b. Placa of Disposition (Nama of camatary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata XX Burial 2 0 3 DRamoval trom State MAR.2,1996 BALTIMORE, MD. OUDON PARK CEMETERY # Stryer (Specity) 21. Signatura of Funaral Signatura 22. Nama and Addrass of Facility GARY L. KAUFMAN OF ELKRINGE HUBBARD FUNERAL HOME, INC.5695 MAIN STREET/ELKR.MD 21227 70-07 WILKENS AVENUE-BALTIMORE, MD e, or complications the seed tha daath. Do not antar the mode of dying, such as cardiac or respiretory arrest, list only one cause a seach line. 23a. Part1. Entar tha diseas shock, or heart failure Approximete Intarval Batween Onset and Death Physician /Medical Sudden cardiac death Immediata Causa (Final disaasa or condition Examiner Due to (or as a consequence of). Examiner ischemic Cardionyopath physician and s the buriel-transit that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Box 68760, Chronic obstructive Dulmonary Physician/Medical Dua to (or as a consequence of): usa P.O. signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, ٥ should 24b. Wara autopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy performed? cartificata 1 Yas 2 No 1 TYas 2 No Division of Vital Hospital or Attending Physicien: 24 hours after death.
Funeral Director: After this cardificately filled in by the funeral director, § 25. Was casa refarred to medical Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Aasidence 8 Othar (Specify) 2 1 Yas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 DNatural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 Could not be 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Piaca of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida within 24 hours aft To the Funeral DI completely filled in edicai 29a, Certifiar 1 Certifying Phyalcian: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) 2 D46287 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) DR. SUSAN K. BENNETT - 22 S. GREENE STREET - 3rd FLOOR - BALTIMORE, 21202 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State Gilia Davidson-Rands

Registrar

1996

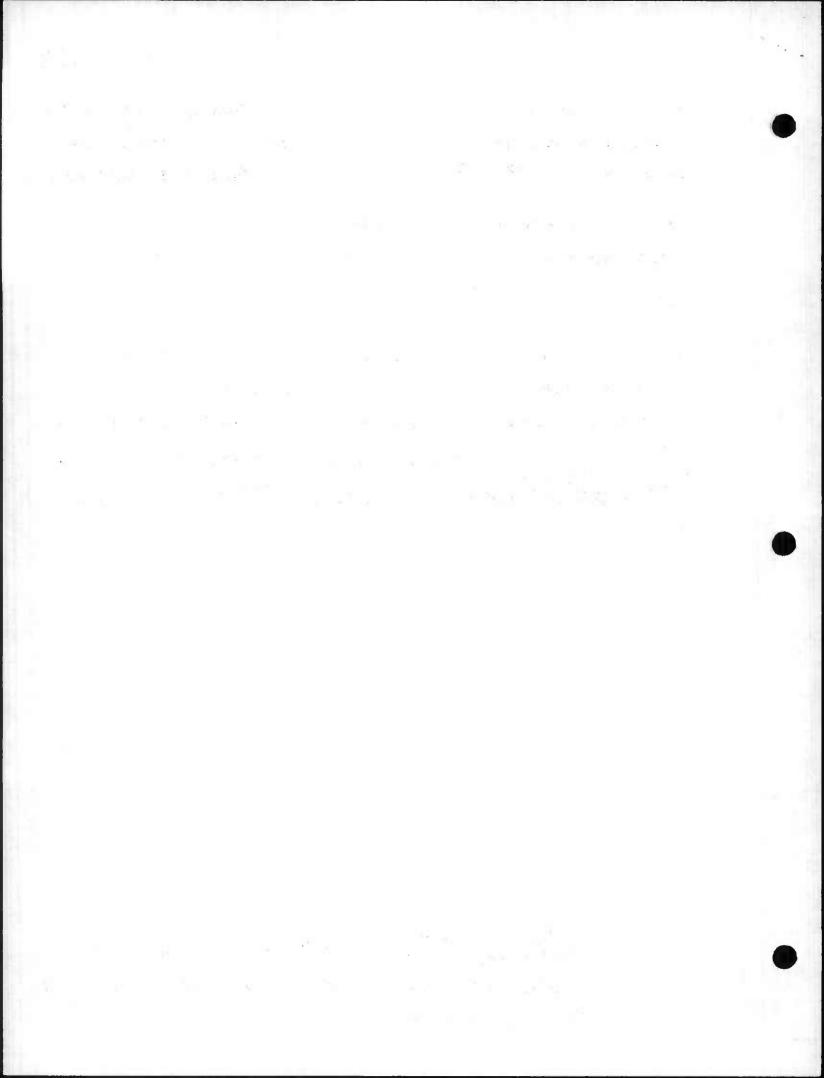
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burdal, cremation, or removal.	MPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPI	TO THE FUNER	be filed within	IMPORTANT:

	1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENTAL	HYGIENI REG. NO.	E				
ł	t. OECEOENT'S NAME (First, Middle, Last)	ANNA M		NIGHTI	NGALE	2. DATE O MONTH Febr			/EAR	8:45 a M		
8	160-20-9903	□ M 2 🗶 F	78 YRS.	MONTHS D	AYS HOURS MIN.		2/3 <sup>(bar)</sup> 1	917 M	ary]			
TOR	9a. FACILITY NAME (# not institution, give street  Memorial Hosp  RESIDENCE OF DECEDENT				umberland			Alle				
DIRECTOR	10a. STATE 10b. COUNTY PA Somer	set		Salis				d. INSIDE CITY LIMITS?  YES 2 NO				
FUNERAL		Street			15558			N OF WHA	T COUNTRY?			
B≺	11. MARITAL STATUS  1 Never Married 2 Married  2XXVIdowed 4 Divorced	2. WAS DECEDENT EYER I FORCES? 1 \( \sum \) YES IF YES, GIVE WAR OR D	YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, atc.)						14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		186. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) (Blue kind of work done during most of working)  Salesclerk  166. KIND OF BUSINESS/INDUST Variety Sto									
BE COM	17. FATHER'S NAME (First, Middle, Last) Frederick	Folk	18. MOTHER'S NAME (First, Middle, Melden Surna Bessie Durst							name)		
10	Rose Ellen Pri	19a. INFORMANT'S NAME (Type/Print)  Rose Ellen Pritts  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  113 Grant St Salisbury, PA 1555										
	20a. METHOD OF DISPOSITION  10 Burlal 2 Cremetion 3 Removal from State  4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Somerset Co Mem. Park 2 / 20 / 96 Somerset, PA  21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	m. Ray Leckemby Funeral Home 010094-1203 North Street Meyersdale, PA155											
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition TADCE CETT TINC CANCED									Approximata Interval Between Onset and Death		
	reaulting in deeth) e.	LARGE CELL LUNG CANCER  OUE TO (OR AS A CONSEQUENCE OF):  PULMONARY EMBOLUS								2 MONTH		
CATION	Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):								1 WEEK		
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL C	PART II. Other algolificant conditions of	contributing to death	but not resulting	in the unde	PERFORMED?		AM CC OF	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
IAN: M	DID TOBACCO USE CONTRII	BUTE TO CAUSE (	OF DEATH Y			IN 🗆	_		11	TYES 2 NO		
YSIC	1 TYES 2 NO 1	HOSPITAL: Inpatient 2 - ER/Out		OTHER:	g Home 5 🗆 Realdenca	8 🗆 Other	(Specify)					
ву рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	"	NJURY M	IC. INJURY AT WORK?	28d. DES	CRIBE HOW I	W INJURY OCCURED				
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Spi	, office	offica 281, LOCATION (Street and Number or City or Town, State)				e Number,				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	_								nd menner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mo			29c, LICENSE NU D 434			-		onth, Day, Year) (.) FEB, 12, 1990		
Ĕ	Dr. Daniel Leibma	n-4th Floor	r-Memori		pital-Cumb	erlan	d, MD	2150	2			
	MAR 1. 1996	12. REGISTRAR'S SIG										

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 05732

					Certi	ficate of	Deam		Reg. No.		
Physician		I. Decedent's Neme (First, Middle, L.	ast)					2. Dete of Dea	nth Dev	Year 3.	Time of Death
/Medical		Mary Cather	ine Ol	iver				Februar			:50 pm
Examiner	4	G. C. W. M. M. M. M. M. M. M. M. M. M. M. M. M.								of Death	
		Golden Oaks Nurs	ing Home				Laurel		Prin	ce Geor	ge
Funeral			Sex 7. A	ge (In yrs. le 80	J. D. H. L. G.	If Under 1 Year Months Days	If Under 24 Hrs Hours Min		e of Birth nth, Dey, Year)  9. Birthpiace (State Country)		
Director	-	220-32-0391	IUM acar	00	Yrs.			Aug.2,		Washing	
2		Usual Residence of Decedent  10a. State  10b. County		10c City	. Town or Loca	tion				404 1-	alda Ohailia
28a-f show nothing at				,							side City Lim D}Yes 2□
28a-1 notifie	5		e George	<u>H</u>	yattsvi						A 100 2
Die Die		0e. Street and Number				10f. Zlp Code			10g. Citizen of V	What Country?	
ral	3	3516 Madison Str				20782			USA		
natural', or items 23a or 28a-f show dicel Examinet must be nothed at sted by Funeral Director	2	1. Marital Status  1 Never Married 2 Married  XX Widowed 4 Divorced	12. Was Decedent Armed Forces  1 Yes 2 1  If Yes, Give 4  Year or Dates:	?		is Decedent of H es, specify Cuba Yes 2 🗓 No		Specify Yes or No- to Rican, etc.)	14. Raci Biad Specify	a - American Inc ck, White, etc.  White	
al Hygiena. d other than "natural", event, the Medical Exit	3	15. Decedent's E	Education			nt's Usuai Occup			16b. Kind of Bu	usiness/Industry	
than "r be Med	-	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4or	5+)	(Give kind of work done during most of wo life. DO NOT use retired)		orking				
18 a	į L	12	Ø	.,	Home	maker			Own	Home	
offine and and and and and and and and and and	1	7. Fether's Name (First, Middle, Las	1)				18. Mother's Na	me (First, Middle,	Maiden Sumem	ne)	
Menta	5	Spottswood L. McWhirt Blan						nche Fowler			
P B B B B B B B B B B B B B B B B B B B		19a. Informant's Name/Relationship	(Type, Print)		19b. Meiling	Address (Street	and Number or R	ural Route Numbe	r, City or Town,	State, Zip Code	)
505		Ann M. Leser / Da	aughter		3380 C	rompton	South,	Laurel,	Mary1	and 20	724
A Help	2	Oa. Method of Disposition		20b. Pla	ace of Disposit	ion (Name of tory or other place	na1	Date	20c. Location -	City or Town, S	itate
y art		1.XXBurial 2 ☐ Cremation 3 [ 4 ☐ Donation 5 ☐ Other (Speci				aven Ce		3/5/96	Silver	Spring	MD
Departmen mportant any injury 2008	8	81. Signature of Famoral Service Line						3/3/30	DIIVCI	opring	, 110
Depar any ir	22. Name and Address of Fecility Fleck Funeral Home, Inc.										
	4	/ walls	wayy		7	601 San	dy Sprin	g Road,	Laurel,	MD 207	07
		23a. Part / Enter the disease, or con shook, or heart failure. List only	nolications that cause y one sauto on each i	d the death. Ine.	Do not enter	the mode of dyir	ng, such as cardia	c or respiratory ar	rest,	Appr	oximete val Between
nysician	1	Immediate Cause (Final disease or condition resulting in deeth)  Due to (or as a consequence of):								Ons	et and Death
Medicai xaminer										h	2005
	41										2700
			b	K	NEUN	noNIK	4			1 4	0005
physician and s the buriel-transit	Sequentially list conditions,  Due to (or as a consequence of):										
as the bunel-tran		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events  Due to (or as a consequence of):  C. Due to (or as a consequence of):							1		
d by the ettending physicial latached for use as the bur Physician/Medical		that initiated events resulting in death) Last Due to (or es e consequence of):								1	
0 0											
y the ettendir ached for use			d							1	
sici se est	F	art II. Other eignificant conditions	contributing to death t	ut not resul	ting in the unde	ertying cause giv	ren in Pert I.	23b. Did t	obacco use cor	ntribute to the	cause of de
by the								10	/ee 2≅ No	3 Probably	4 Unk
een signed b hould be date			AMEMIA	7							
been signed by the ettendin should be datached for use leted by Physician/N								24a. Was	an autopsy med?	24b. Were au	topsy finding
Ø 5 0	-							porto	mour	complet of death	ion of cause
0 N N								100	es 2 No	1 ☐ Yes	2₩No
has pe 2			Τ				OC Diseased De			103	200140
page 2		5 Was case referred to medical			R/Outpatient	all DOA Oth	er.	ath (Check only o			
page 2	2	25. Was case referred to medical examiner?	Hospital:		H/E IIIITNATIONT	31   DOA	4 PT Nursing I	lome 5 Resid	enca 6 LOth	er (Specify)	
s certificate has director, page 2 fo Be Comp	2	examiner? 1 Yes 2 No	1 L Inpati					28d Describe h	ow injury occurr	her	
After this certificate has funeral director, page 2	2	examiner?  1  Yes 2 No  7. Manner of Death  1  Natural 5 Pending	28a. Date of Inju	iry :	28b. Time of Injury	28c. Injur Wor	y at k?	28d. Describe h	ow injury occurr	red	
After this certificate has funeral director, page 2	2	examiner?  1 Yes 2 No  7. Manner of Death  1 Natural 5 Pending 2 Accident Investigatic 3 Suicide 6 Could not be	28a. Date of Inju	iry ly Year)	28b. Time of Injury	28c. Injur Wor M 1					to Mumbar
After this certificate has funeral director, page 2	2	examiner?  1  Yes 2 No  7. Manner of Death  1  Natural 5 Pending	28a. Date of Injury (Month, De	iry ly Year)	28b. Time of Injury	28c. Injur Wor M 1	y at k?	28d. Describe to 28f. Location (S City or Tow	itreet and Numb		te Number,
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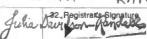


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State of Maryland / Department of Health and Mental Hygiene 05733

					Certi	ficate c	of Death		Reg. No.				
Physici	an	1. Decedant's Nama (First, Middia, Las EAR				OKAT	ICH	2. Data of D Month	eath Day	Year 1996	3. Time of Death		
/Medic Examin		4a. Facility Nama (if not institution, give			4b. City, Town, o	FEB r Location of Dea	27 th 4c. County		11 00 001				
Funeral Director		214-16-3526				ar If Undar 24 H	n. (Month, D	irth ay, Year) 5, 1925	9. Birthp	piaca (Stata or Foreign stry)			
fand		Usual Rasidance of Decedant  10a. Stata  10b. County		10c. City,	Town or Loca	tion				1	0d. Insida City Limits		
death with the Maryland ms 23a or 28a-f show	ctor	MD. BALTIN	TORE	P.	ARKU	ILLE					1 Yas 2 No		
or 28	Director	10e. Street and Number				10f. Zip Cod			10g. Citizen of	What Coun	itry?		
ath with	rai		AVE.				21234			S.A	-		
P 25	by Funeral	11. Marital Status  1 Navar Marriad 2 Married  3 Widowed 4 Divorced	12. Was Decedant Armed Forcas  1 Stras 2 In Yas, Giva Yaar or Datas:	? No	If Y	S Dacedant (as, specify C	of Hispanic Origin? Suban, Maxican, Pue No <i>Specify:</i>	(Specify Yas or N into Rican, atc.)	o- 14. Rac Bla	ce - Amaricok, Whita,			
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CZNL		NETTLE O'KAT	HS		2506	TAY	LOR AV	E. PAR	KKVILLE	M:	D. 21234		
of T		20a. Mathod of Disposition  1,	Removal from State	com	ca of Dispositi natary, cramai	ion (Nama of tory or othar	piace)	Data	20c. Location				
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permit. Pages 1 a Department of Hes Important: If item any Injury or othe	21. Signature of Funarai Sarvice Licensea  22. Nama and Addrass of Facility  EVANS CHAPEL OF MEN												
Physician		23a. Part 1. Entar tha disaasa, or comp shock, or haart fallura. List only	replications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest.  Approximate										
/Medical Examiner		Immediata Ceusa (Finai disaasa or condition rasulting in death)	a. MYOCARDIAL INFARCTION . 6 da  Due to (or as a consequence of):										
sit ed	Examiner		b. ————										
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at the death d by the atter letached for o	ysic	Part II. Other significant conditions co									the cause of death?		
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To the Hospital or Attending Ph Within 24 hours after death. To the Funeral Director: After th complately filled in by the funeral	edical C	29a. Certifiar (Check only one) 1 Certifying Phy 2 Medicat Exam	valcian: To the best liner: On the basis of and mannar si	of axamination	edga, daath oo n and/or invas	ccurred at the	tima, data and pla y opinion, daath oc	ca, and dua to the curred at the time	a causa(s) and ma , data and place,	annar ss si and dua to	tated. tha cause(s)		
To the within To the comp	×	29b. Signatura and titia of certifier	Lani		$m \cdot D$		ansa number	7	29d. Data signe Feb 2				
12		30. Nama and addrass of person who o	completed causa of C		3a) (Type, Pri	nt)	SAMA	CITAN +	-		IMORE, MI		

State Registrar 31. Data filed (Month, Day, Year)



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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Day Yaar **Physician** RUTH **PAPPAS** 28 1996 **FEBRUARY** /Medical 10:45AM 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner KNOLLWOOD MANOR NURSING HOME MILLERSVILLE ANNE ARUNDEL If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Days Hours Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2XF Yrs 212-18-8041 Usuat Residence of Decedent 73 MARYLAND Director MARCH 24 1922 with the Meryland 10c. City, Town or Location 10a. State 10b. County 10d. Insida City Limits parmit. Peges 1 and 2 should be filed within 72 hours after deeth with the Merylan Department of Heelih end Mentel thyglene. Imprortant: If Item 27 is marked other than "netural", or Items 23a or 28a-1 ahow any injury or other thaumatic event, the Medical Examiner mad by a chilled at any injury or other thaumatic event, the Medical Examiner mad by a chilled at 1 ☐ Yes 2 💢 No ANNE ARUNDEL MARYLAND Director GLEN BURNIE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1317 HOWARD ROAD 21061 USA Funeral 12. Was Decedant Evar in U,S. Armed Forceş? 1 ☐ Yes 2 ☑ No If Yes, Give 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Nevar Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify. à Specify: 3 Widowad 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) HOMEMAKER HOUSEHOLD 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meidan Surname) WILLIAM THOMAS APPLEBY DAISEY PARKS 2 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 192 OBRECHT ROAD, MILLERSVILLE, MD WALTER J. APPLEBY - BROTHER 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) MEADOWRIDGE CEMETERY 3-2-96 ELKRIDGE, MD 21. Signature Funaral Service Lie 22. Name and Addrass of Facility STALLINGS FUNERAL HOME, P.A. 3111 MOUNTAIN ROAD, PASADENA, MD STAPLINGS 21122 23a. Part1. Entar the disease, or complications will have a death. Do not antar tha mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause occasions. Approximate Interval Between Onsat and Death **Physician** KESPIRATORY /Medical Immediate Cause (Final disaase or condition resulting in death) browne Obtancture Pulyany Examiner ettending physician and for use es the buriel-transit Sequentially list conditions, it any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Part ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? been signed by should be detect 1 No 3 Probably 4 Unknown velovas enler Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate hes 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director. 25. Wes cese referred to medical examiner?

1 Yas 2 No 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpafiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Natural 5 Pending 1 | Yes 2 | No Investigation 2 Accident 6 Could not be 3 Suicide 28e. Piece of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide 1 Destitying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

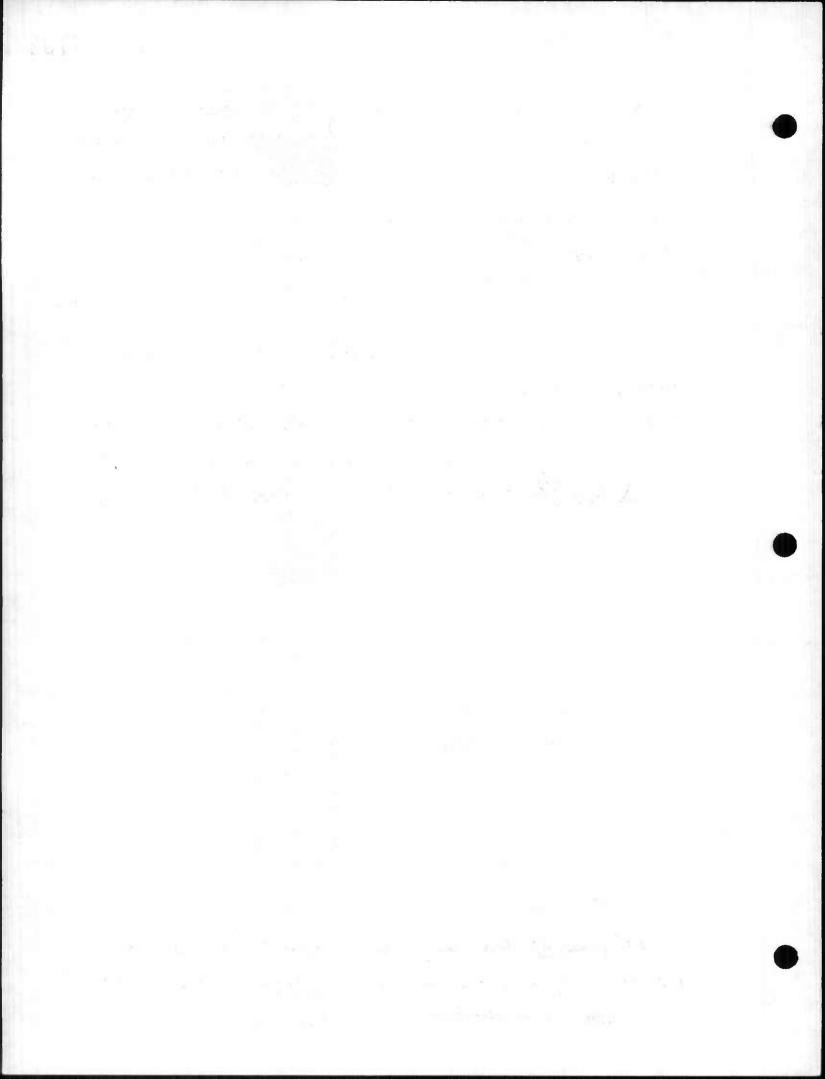
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(s) and manner stated. 29e. Certifier Medical 29b. Signature and titla of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Attending Doctor Lymae My D21684 30. Name and address of person who completed ceuse of death (item 23a) (Type, Print) GLBNBYANIZ , 1600 CAAIN buy \$ 106 C.V. CYRIAC.M.D MD 2 LOG1 , 32. Registrar's Signature 31. Date filed (Month, Day, Yeer)

**DHMH 16 Rev 6/95** 

State

Registrar

1996



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State of Marvland / Department of Health and Mental Hygiene 05735

State of Maryland / Department of Health and Mental Hygiene

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    1   Yes   2   No   3   Probably   4   Unknown						Certi	ificate of I	Death		R	eg. No.			
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Sequentially list conditions, a law, leading to immediate cause. Enter Underlying Cause (Disease or riliput)  Dus to (or as a consequence of):  a way, leading to immediate cause. Enter Underlying Cause (Disease or riliput)  Dus to (or as a consequence of):  a way, leading to immediate cause. Enter Underlying Cause (Disease or riliput)  Dus to (or as a consequence of):  a way, leading to immediate cause. Enter Underlying Cause (Disease or riliput)  Dus to (or as a consequence of):  a way, leading to immediate cause. Enter Underlying Cause (Disease or riliput)  Dus to (or as a consequence of):  a way, leading to immediate cause. Enter Underlying Cause (Disease or riliput)  Dus to (or as a consequence of):  a way, leading to immediate cause. Enter Underlying In death) Last    1	Examiner		disease or condition resulting in death)	a Ventri									1 hour	
25. Was case referred to medical examinar?  27. Wanner of Death  1   Ves 2   No    1   Ves 2   No    28. Place of Death (Check only one)  1   Ves 2   No    29. Certifier (Check only one)  29. Certifier (Check only one)  29. Certifier (Check only one)  29. Certifier (Check only one)  29. Certifier (Check only one)  29. Place of Injury At home, farm, street, factory, office  29. Certifier (Check only one)  29. Ce		5			Due to (or as a	conseque	ence of):							
25. Was case referred to medical examinar?  27. Wanner of Death  1   Ves 2   No    1   Ves 2   No    28. Place of Death (Check only one)  1   Ves 2   No    29. Certifier (Check only one)  29. Certifier (Check only one)  29. Certifier (Check only one)  29. Certifier (Check only one)  29. Certifier (Check only one)  29. Place of Injury At home, farm, street, factory, office  29. Certifier (Check only one)  29. Ce	ped is	듣		b. Corona:	ry Artery	Dis	sease						3 year	S
25. Was case referred to medical examinar?  27. Wanner of Death  1   Ves 2   No    1   Ves 2   No    28. Place of Death (Check only one)  1   Ves 2   No    29. Certifier (Check only one)  29. Certifier (Check only one)  29. Certifier (Check only one)  29. Certifier (Check only one)  29. Certifier (Check only one)  29. Place of Injury At home, farm, street, factory, office  29. Certifier (Check only one)  29. Ce	and I-trail	Xar	Sequentially list conditions,		Due to (or as a	conseque	enca of):							
Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.    1   Yes   2   No   3   Probably   4   Unknow	Se es		cause. Enter Underlying Cause (Disease or Injury									1		
Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.    1   Yes   2   No   3   Probably   4   Unknow	hysie the t	S	triat militated events		Dua to (or as a c	onseque	ince of):							
Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.    1   Yes   2   No   3   Probably   4   Unknow	as p	3										1		
Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.    1   Yes   2   No   3   Probably   4   Unknow	h cer	2		d						·				
24a. Was an autopsy performed?  24b. Were autopsy findings available prior to completion of cause of death?  1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 No 1 Yes 2 No 1 No 1 Yes 2 No 1 No 1 No No No No No No No No No No No No No	daath daath	2	Part II. Other eignificant condition	ne contributing to death	but not regulting in	a the unde	orbilos couso shu	on In Part I		22h Did to	haces use co	ntelburto te	the seuse of	donth!
24a. Was an autopsy performed?  24b. Were autopsy findings available prior to completion of cause of death?  1	the the	hys	Tale in Carlot digrillocate dollario	The Continuously to Coatt	Dot not resolving in	i tire urrae	errying cause give	on mraiti.						
25. Was casa referred to medical examinar?  1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes	that ed b									1 U Y	es 2KJ No	3 Prot	Dably 4∐U	nknow
25. Was case referred to medical examiner?  1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes   2   No   1   Yes	sign d be				· -					04- 184	o Waren	245 144	are autoney fin	dione
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25. Was casa referred to medical examinar?    26. Place of Death (Check only one)	28 8	pide												use
25. Was casa referred to medical examinar?    25. Was casa referred to medical examinar?   26. Place of Death (Check only one)   27. Manner of Death   1 Matural   5 Matural   5 Matural   1 Matural   5 Matural   1 Matural   5 Matural   1 Matural	Tha Itah	5								1 □ Y	s 2K No	15	Yes 2□N	10
Yes   2  No   1		0	25. Was casa referred to medical					26 Place	of Death	(Check only or	no 1			
27. Manner of Death 1 Natural 2   Accident 3   Sulcide 4   Homicide  28a. Date of Injury M 28b. Time of Injury M 28b. Time of Injury M 28c. Injury at Work? 1   Yes 2   No 28d. Describe how injury occurred Work? 2   Yes Licease numb	sicle			Hospital:	ettent OFFROM	dmettent	all post Other	or.				(0	-1	
28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)  29a. Certifiar (Check only one)  29b. Signatura and title of certifier  29c. License number  29c. License number  29d. Data signed (Month, Day, Year)													y)	
28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)  29a. Certifiar (Check only one)  29b. Signatura and title of certifier  29c. License number  29c. License number  29d. Data signed (Month, Day, Year)	Afte	o	h	(Month, I						ou. Doddingo in	on injury occur.	00		
29a. Certifiar (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. (Check only one)  29b. Signatura and title of certifier  29c. License number  29c. License number  29d. Data signed (Month, Day, Year)  72	for:	Cal	E - 7100100111	not be				165 2 1		-1.1				
29a. Certifiar (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. (Check only one)  29b. Signatura and title of certifier  29c. License number  29c. License number  29d. Data signed (Month, Day, Year)  72	har direct	ŧ	determ	Ined 200. Place of	Injury - At home, fa etc. <i>(Specify)</i>	rm, street	t, factory, office		2	City or Town	treet and Numb n, State)	er or Hura	il Houte Numb	ΘΓ,
29b. Signatura and title of certifier  29b. Signatura and address of person who completed cause of deeth (Item 23a) (Type, Print)  Franklin Chatham, M.D. 1012 Old North Point Road, Baltimore, Maryland 21224	le is a le													
and manner stated.  29b. Signatura and title of certifier  29c. License number  29d. Data signed (Month, Day, Year)  7eb 786  30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)  Franklin Chatham, M.D. 1012 Old North Point Road, Baltimore, Maryland 21224	de de	cal		Physician: To the bes	st of my knowledge	, death or	ccurred at the tim	ne, date and	d place, a	nd due to the c	ause(s) end ma	inner as si	lated.	
29b. Signatura and title of certifier  29c. License number  29d. Data signed (Month, Day, Year)  7eb. Z8, /596  30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  Franklin Chatham, M.D. 1012 Old North Point Road, Baltimore, Maryland 21224	700	ğ		and manner	or axamination and stated.	cvor inves	stigation, in my of	pinion, deat	in occurre	at the time, d	ata and placa,	and due to	the cause(s)	
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)  Franklin Chatham, M.D. 1012 Old North Point Road, Baltimore, Maryland 21224	1416	βŝ	29b. Signatura and title of certifie	. 0			29c. License	number		2	9d. Data signe	d (Month,	Day, Year)	
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)  Franklin Chatham, M.D. 1012 Old North Point Road, Baltimore, Maryland 21224	( )	1	756	0 101	10-	0	NI	9/		-	7. 1	70	100	,
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)  Franklin Chatham, M.D. 1012 Old North Point Road, Baltimore, Maryland 21224	-		7,2-0	carra	- m	U		76	0	7	ED.	48	, 1971	
			30. Name and address of person											
State 31. Date filed (Month, Gerger) July 34. Registrar's Signature to							h Point	Road	, Ba	altimor	e, Mary	land	21224	+
	St	ate	31. Date flied (Month, 930 Cer)	July 34 Rogy	strar's Signature	2								

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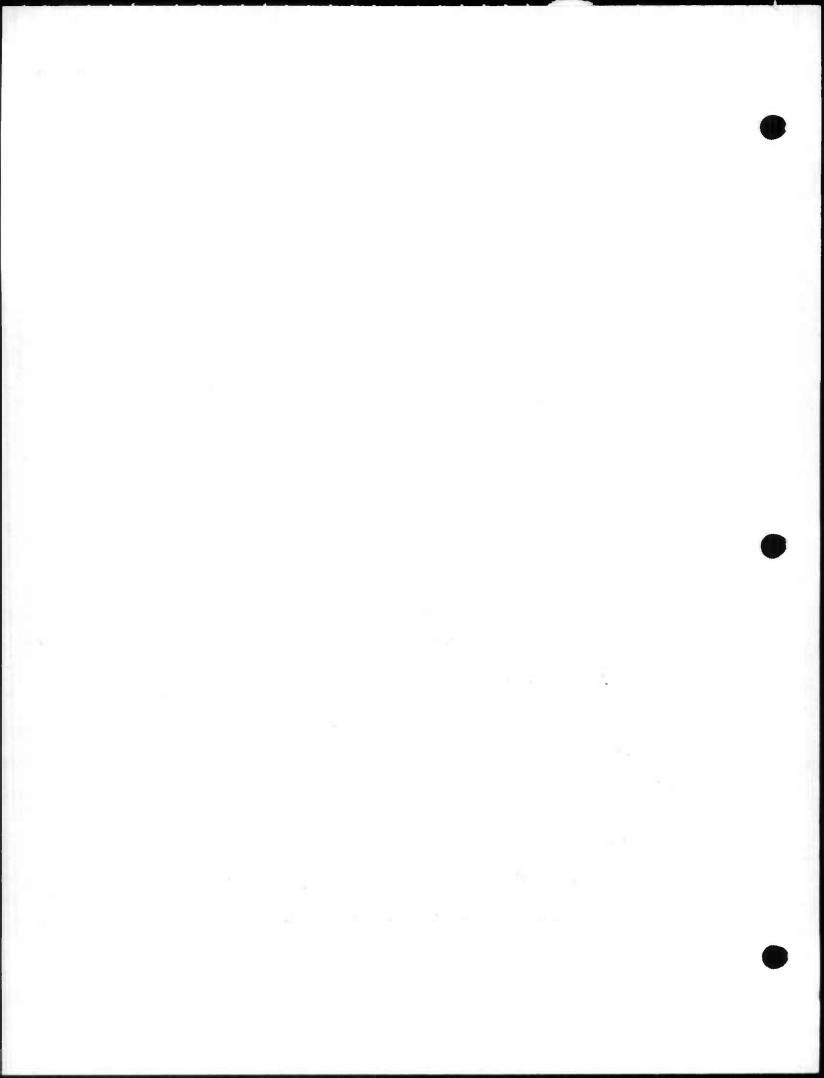
20

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE THE PARTY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TACHE RANGES CHECKE: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MPITAL OR ATTENDING PHY	MENA CHECTCR: After this	INT: If item 28 is marke
THE THE	1	IMPORTA

2, 3 should

	1 - FOR STATE OF MARY!	LAND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		
1	1. DECEDENT'S NAME (First, Middle, Last) SADIE ANNA PETTY				2. DATE OF DEATH FEBRUARY	27 96 <sup>YEA</sup>	3. TIME OF OEATH 7:35 A M
	4. SOCIAL SECURITY NUMBER  218091020  5. SEX  1  M 2  F  9. FACILITY NAME (If not institution, give street and number)	93 YRS. M	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) APRIL 14,	8. BH	RTHPLACE (State or Foreign untry) [aryland
TOR	Riverview Nursing Centre, In	100		Essex	-Ain		ltimore
DIRECTOR	Md. Baltimore	10c. CITY,	TOWN OR LOCATE	Esse	ζ		10d. INSIDE CITY LIMITS? 1 YES MO
FUNERAL	100. STREET AND NUMBER 1629 Gail Road		10f.	ZIP CODE	1221	10g. CITIZEN O	F WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES	ZNO	If yes, spe-		NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	8	ACE — American Indian, ack, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use of	rk done during mos retired.)	N t of working		siness/industri	1
	3 rd 17. FATHER'S NAME (First, Middle, Last)	House	WILE		ME (First, Middle, Meiden	Surneme)	
TO BE	Hughey Smith  190. INFORMANT'S NAME (Type/Print)	19b. MAJLINO AI	DDRESS (Street en		sie Nich		
ĭ	Annette Carter						da 34644
	1 St Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	b.PLACEANDDATEOF metery, crematory or other Bohemian	Nation:	a1Ceme			timore MD.
	21. SIONATURE OF PUNERAL SERVICE LICENSEE  R. TLLY  Onne	lly	Conne	ace Av	neral Hor	nore Mo	
	23. PART I. Enter the diseases, or complications that cause abock, Dr heart failure. List only Dna cause Dn a iMMEDIATE CAUSE (Final disease or condition resulting in death)	TIVE H				iratory arreat,	Approximate Interval Batween Onset and Death
LION	Sequentially list conditions, If any, leading to immediate	A CONSEQUENCE OF):  RY ART A CONSEQUENCE OF):					
CERTIFICATION	that minded events	AORTI A CONSEOUENCE OF):	< S7	ENOS	15		2 WEEKS
AL	PART II. Other algorificant conditions contributing to deeth to perform the part of the pa	but not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE C	OF DEATH YES		UNCERTAI	N D		1 TYES 2 NO
IYSIC	EXAMINER?  1   YES 2   NO   HOSPITAL:  1   Inpetient 2   ER/Out	patient 3 □ DOA 4		-	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28b. TIME C	Y WOR	RY AT K7 S 2 NO	26d. DESCRIBE HOW I	NJURY OCCURED	
		Y — At home, ferm, stre	el, factory, office		261. LOCATION (Street ( City or Town, Stete)	end Number or Run	il Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my know						e(s) end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIED			29c. LICENSE NUN		29d. DATE SIGN	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE			RLVP	BALTINOR	E MO	21221
	31. DATE FILED (Month, Day 1996 Sura Savidson)						

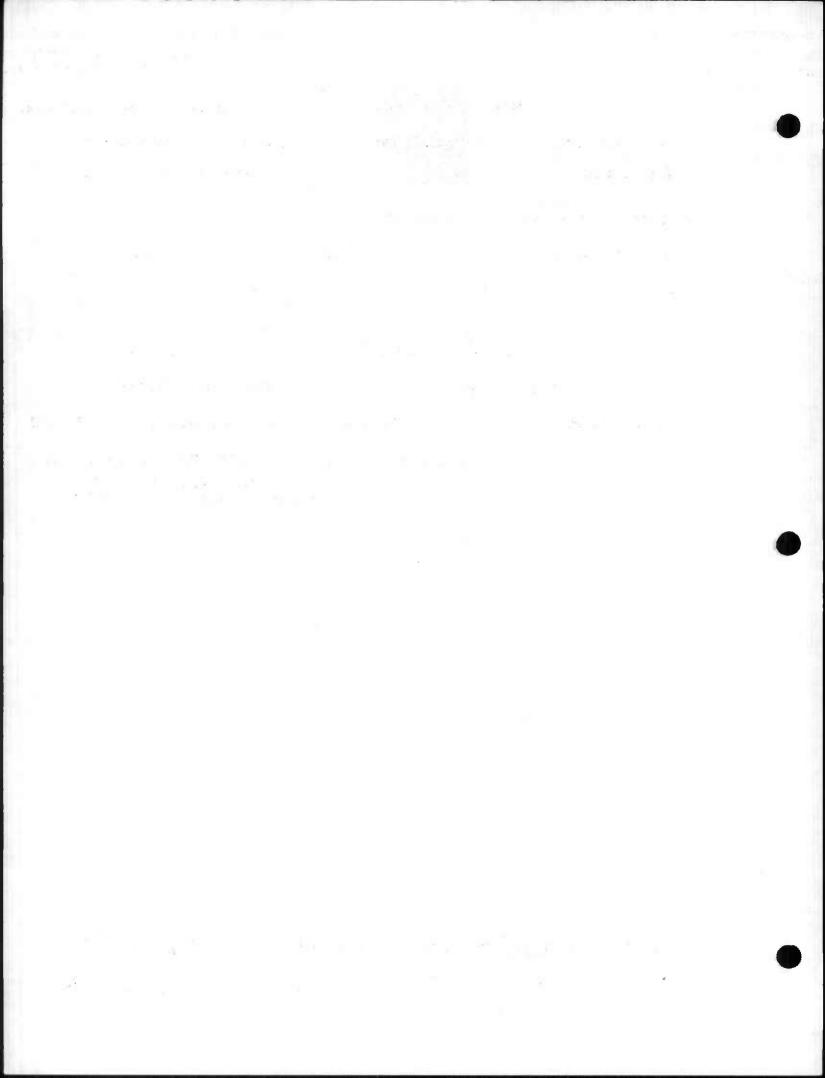


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State of Maryland / Department of Health and Mental Hygiene

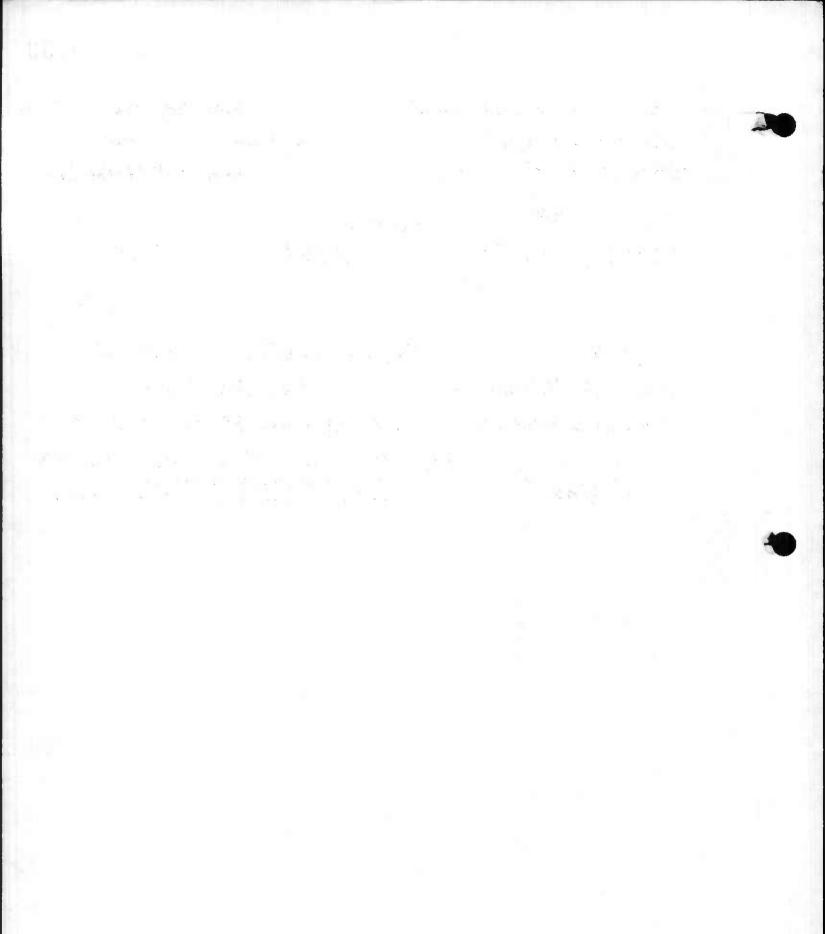
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						Cei	rtificate of	Death			Reg. No.			00101
	Physic		Decedent's Name (First, Middle, L.	Elizabe	eth C.	R	uge		113	2. Date of De Month Februa	eth Day	у	Year 996	3. Time of Death 9:25 A.M.
)	/Medi Exami		4a. Fecility Neme (If not institution, gi			- 1				ocation of Death	-	County		3.23 11.11
			Meridian Nurs 5. Social Security Number 6.		Hammon				imon	8. Date of Bir		Anne	Aru	
l,	Funeral Director			- DA4 - 657 -	102	Yrs.	Months Days		Min.	(Month, Da	v Vaerl	893	Coun	lace (State or Foreign fry) Yland
	se-f show	ctor	10a. State 10b. County Maryland Anne An		10c. City, Tow Balt:								10	0d. Inside City Limits 1 ☐ Yes 2 ☒ No
	th with th	Funeral Director	10e. Street and Number 309 – 4th Avenu	e			10f. Zip Code 212	25			10g. Clti	U.S	/hat Coun	iry?
020	permit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Maryland Department of Health end Mental Hygiena. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show simportant: if item 27 is marked other than "natural", or items must be notified as page.	by	11. Marital Stetus  1 XNever Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E- Armed Forces? 1 Yes 2 X No If Yes, Give Year or Detes:			Was Decedent of I f Yes, specify Cub 1 ☐ Yes 2 2 No			ecify Yes or No Ricen, etc.)			- Americ k, White, W	
21215-0020	vithin 72 hona.	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondary (0-12)	ade completed)  College (1-4or 5+		(Give life. I	dent's Usual Occu kind of work done DO NOT use retire	during mos	t of work	ing			siness/Ind	lustry
	filed within Hygiena. ther than "	ပိ	17. Father's Name (First, Middle, Las	2 years		Nur	.se	18 Moth	ar'e Name	e (First, Middle,		spita		
lan	should be and Mental I	To Be		Robert Rug	e			10. 11.00.11		ancisca		chri		
Maryland	end 2 sho salth end N n 27 le ma		19a. Informant's Name/Relationship Mary Schaeffer	(Type, Print)			ng Address (Stree			Glen				
altimore,	Pages 1 er nent of Hea nt: If Item 2 iry or other		20a. Method of Disposition 1   Burlal 2 □ Cremation 3 [		20b. Place of comete	of Dispo	sition (Name of natory or other pla	ice)	1	Dete 3/1/96	20c. Lo	ocation -	City or To	
Baltir	permit. P Departme Important any Injury		4 Donetion 5 Other (Special Service) Lice		St. M	22	aels Cem	ess of Facili	ty	Gonce I	une	ral :	Home	P.A.
			23a. Pert1. Enter the disease, or con shock, or heart failure. List only	polications that caused t	the death. Do	Married World	001 Ritch		_			re,	Md. 2	21225 Approximate
	Physician /Medicai Examiner	er	Immediate Cause (Finel disease or condition resulting in death)	e. Act	Due to (or as e	( y	ocard			-fare		on	-	Interval Between Onset end Deeth
Box 68760,	eeth certificata be axecuted attending physician and for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	· Ge	Due to (or es e	conseq	sed	AH	ner	oscl	ero	si	S	
P.O. B	requires that the deeth ce seen signed by the attendi hould be detached for use	Physician	Pert II. Other significant conditions	_	not resulting I	n the u	nderlyIng ceuse gi	ven in Part i	i.					the cause of death?
	es that tigned by	by Ph	Anev	ria						10	Yes 2	No	3 ☐ Prot	pably 4 Unknown
Vital Records,	2 S	Completed to	Gastr	ointesti	nas c	Bl	eedina	}		24e. Wes	an autor	psy	cor	ere autopsy findings aliable prior to mpletion of cause death?
Œ	The law ata has b page 2 s	Com								10	Yes 2	□ No	1 🗆	Yes 2□ No
Vita	ysician: The is certificata director, pag	Be	25. Was cese referred to medical examiner?	Hospital:			0		of Deat	h (Check only o	ne)			
ō	Physic this crail dir	. To	1 ☐ Yes 2 ☐ No  27. Manner of Death	28a Date of Injury	28h	utpatien Time of	IT 3LI DOA			me 5 Resident				"
Division of	To the Hospital or Attending Physicien: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director.	Certification:	1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	(Month, Dey	Year)	Injury	M 1	ork? ]Yes 2□	No	28f. Location (	Street an	nd Numbi		l Route Number,
ā	To the Hospital or Attendi within 24 hours aftar death, To the Funeral Director: A completaly filled in by the fi		4 Homicide  29a. Certifier  1 Certifying Pl	building, efc.		e. deeth	occurred et the ti	me date an	d place	City or To			nner as st	ated
	the Horin 24 h	edicai	(Check only 2 Medical Example one)	miner: On the basis of e and manner state	examinetion er	nd/or inv	vestigation, In my	opinion, dea	th occurr	ed at the time,	dete end	d plece, a	ind due to	the cause(s)
	Vith To t	Σ	29b. Signature and title of certifier	O Da			29c. Licen	se number	-9					Dey, Year)
	6		30. Neme and address of person who	completed course of	oth (Horn 005)	(Tues	100.	147	/		rel	b. 2	7,19	77 4
			31. Dete filed (Month, Day, Year)	ter 47	10 P		ing to	n B	tue.	Ba	( to.	1ª	(d z	1276
	Sta Registi	-6.7	MAR 1 1996	fulia Davisson-	handall		,							



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				Certificate	of Death	R	Reg. No.	
		1. Dacedant's Nama (First, Middla, L	ast)			2. Data of Daa		3. Tima of Death
Physic		JAMES R	RIMARDSI	20/		Month	28 10 8%	4:50 PM
/Med		4a. Facility Nama (If not Institution, g	ive street and number)	// V	4b. City, Town, or L	ocation of Death	4c. County of Deal	10 10 101
Exam	ner	-000 T	AST AT DO		43-17	- A	4c. County of Deal	
		5200 TRED	CK65/ NV.		MALIN	ORE	/ / //	1
Funera		5. Social Security Number 6.	Sax 7. Aga (In yrs.	Months	Yaar of Undar 24 Hrs. Days Hours Min.	8. Data of Birth Month, Day		thplace (Stata or Foreign
Directo		275-76-6729	70	Yrs.		PIPRI /	18,1979 N.	AROLINA
٧ >		Usual Rasidance of Decedant  10a. Stata 10b. County	1 40- 04	Town and another			/	1
the Marylan r 28a-f show	_	10a. Stata 10b. County	//n	y, Town or Location				10d. Insida City Limits
W - M	5	(Y)V, /V	//1	MALIMOR	5_			1 Pas 2 □ No
or 28	0	10e. Street and Number		10f. Zip C	oda	1	10g. Citizan of What Co	ountry?
th wit		5708 FRETO/	REGT KD.		17.29		11,5A	
er death with the Manyland frems 23a or 28a-f show ner must be notified at	Funeral Director	11. Marital Status	12. Was Decedant Evar In U	S. 13. Was Decedar	nt of Hispanic Origin? (Sp. Cuben, Maxican, Puarto	pecify Yas or No-	14. Race - Ama	rican Indian,
P 4 5	E	1 Nevar Marriad 2 Married	Armed Forcas? 1 ☐ Yas 2 ☑ No	if Yas, specify	Cuben, Maxican, Puarto	Rican, atc.)	Biack, Whit	a, atc.
020 irs ef	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:	1 ☐ Yas 2 ☐	No Specify:		Specify 931	nrx
15-0020 72 hours effer		15. Decedant's I		16a. Dacedant's Usual (	Occupation		16b. Kind of Businass/	Andustry
- c · 4	Completed	(Specify only highast g	rada complated)	(Giva kind of work lifa. DO NOT usa	dona during most of worl	king	3 -	industry .
2121 3 within jiene. r then "r	E	Elamentary/Secondery (0-12)	Collega (1-4or 5+)	MARHINE	Down a for	2	( and Ains	江尺
	Ö	17. Fathar's Nama (First, Middla, Las	at)	MAINO	18 Mother's Nam	a /First Middle	Maiden Sumama)	
ylan buid be Mental Mental	Be	7 1 9	7:120100000000		T	Man	0100	
Maryland d 2 should be filed th and Mental Hy 7 is marked othe treumstic event,	To	JAMES A, I	VLAAKV90IV	1	D551E	MAL	HY	
Aar 2 sho and 1s m		19a. Informant'a Name/Ralationship		19b. Mailing Addrass (S	Street and Number or Ru	ral Routa Number	r, City of Town, Stata,	Zip Code)
CENL		VOSETNINE Y	VCHAPOSON	19200 H	35DCP56/	KV. T	REH. MIV.	21229
S - 5 0		20a. Mathod of Disposition		Piece of Disposition (Nama cometery, cramatory or other	of ar place)	Data	20c. Location - City or	Town, Stata
Page Page nt: If ry or		1 Burial 2 Gramation 3 4 Donation 5 Othar (Spec	Hamovai from Stata	INIG MEM	Park 3	15/9/0 9	Rug mailaso	un MD.
Baltim bemit. Pa Departmen important: any Injury.		21. Signature of Puneral Service Lice	1 1 V	22.6 ame and	address of Particle To	mana I	PARTE TO	NIV I'IVI
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To the Hospital within 24 hours To the Funeral Completely filled	edicai	one) 2 Medical Exa	minar: On the besis of examina and manner stated.	tion and/or invastigation, in	my opinion, daath occur	red at tha tima, d	lata and place, and due	I to the causa(s)
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State of Maryland / Department of Health and Mental Hygiene

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Physic /Med		Frank James	Richmor	ıd				F	ebrua	ry 29,	1996	6:00 AM
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Funera Directo		5. Social Security Number 6. 236-26-6098		ga (In yrs. last bir 7 1	thday) If Unde Yrs. Months	Days	If Undar Hours	24 Hrs. Min.	8. Data of Bir (Month, Da May 8,	1924	9. Birthp Count West	lace (Steta or Foraign try) <b>Virginia</b>
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		30. Name end address of person who	0 / 0		(Type, Print)  Thicult			121	10000	210	<u></u>	
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death Day 1996 **Physician** FEBRUARY ROGER RICHARDSON CLIFTON 10:00 am /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 5. Social Sacurity Number 7. Aga (In yrs. last birthday) if Undar 1 Yaar | if Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) OSC. 6 1937 Birthplace (Stata or Foreign Country) **Funeral** Days Hours MM 2 F Director 215 34 2255 58 MARYLAND Usual Rasidance of Decedant filed within 72 hours after death with the Manyland Hygiana. 10a. Stata 10b. County 10c. City, Town or Location r than "natural", or Items 23s or 28s-f show the Medical Examiner must be notified at 10d. insida City Limits 1 ☐ Yas 28 No BALIMORE PARYLAND BALLIMORE Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21206 AVE 26241 U.S.A Funeral 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritai Status 1 Navar Married Married 1⊠Yas 2□No Specify: WHITE If Yas, Give Yaar or Datas: KoRSA 1 ☐ Yas 2 No Specify: þ 3 Widowed 4 Divorced Completed Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collage (1-4or 5+) Company Representative Maintenance 12XRS. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middia, Maiden Sumama) permit. Pages 1 and 2 should be file Depertment of Health and Mantal Hy Important: If Item 27 is marked otherly Injury or other traumatic event LIFIOR 2 ORIS 1501010100 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 21206 19a. informant's Name/Ralationship (Type, Print) CAROL H. KICHARDSON BALLIMORE, MARYLAND altimore, 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 74 20c. Location - City or Town, Stata 1 ☐ Buriai 2 Cramation 3 ☐ Ramoval from Stata F20.26 BALTIMORE 4 ☐ Donation 5 ☐ Othar (Specify) 1996 REMAIOR 21. Signature of Foregral Service Licenties 22. Nama and Addrass of Facility EVAN CHAPELOF NEMOR wison and 23a. Part 1. Entar tha disaasa, or complications that caused tha daath. Do not entar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. Approximata Intervsi Batween Onsat and Death **Physician** immediata Causa (Final disaase or condition rasulting in daath) /Medicai Cardio Palmonary 3 min. Examiner Lutracranical Duessure Examiner several weeks The law requires that the death cartificate be assecuted attending physician and for usa as the burial-transit Sequentially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disaase or injury that initiated avents Svain Tuenou Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of) rasulting in death) Last Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yes Completed by 24a. Was sn sutopsy performed? 24b. Wara autopsy findings avaliable prior to complation of cause of death? has cartificata 22 No 1 ☐ Yas 1 Tyas at or Attending Physician: T s attar daath. Il Director: Attar this cartificat od in by the funaral director, pu 25. Was casa rafarred to medical axaminar? Be 26. Piaca of Death (Check only ona) Hospitai: Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) Certification: To 1 Yas 2 No 1/2 inpatient 2 ER/Outpatienf 3 DOA 27. Manner of Desth 28a. Data of injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 1 ■ Natural 2 ■ Accidant 5 Panding invastigation injury MA M 1□ Yas 2□No NIA 6 Could not be datamined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 28e. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) n 24 hours after to Funeral Direct plately filled in b 4 Homicide R,A 1 Certifying Physitesn: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es ststed.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar edicai To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and the of certifie 29d. Data signed (Month, Day, Year) 830060 andu 1

State

30. Nama and address of person who complated causa of daath (item 23a) (Type, Print)

Reginald Davis, M.D. GBMC Pavilion West Suite 411, Baltimore, Maryland 21204

Registrar

31. Data filad (Month, Day, Year) 32. Registrar's Signatura Julia Davidson-Randelle

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State of Maryland / Department of Health and Mental Hygiene 95 0571

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30. Neme	e end address of person who c	ompleted cause of d	eeth (item 23a)	(Type, Print)	20	CAN	ordi t	2/1	1 A	pr	no mili
State 31. Dete f	filed (Month, Day, Year)	32. Registre	er's Signeture	///			54	m	02	14/	Pois

DHMH 16 Rev 6/95

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 35 hours after HOSPITAL OR ATTENDING PHYSICIAN.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparing fine the like that have been signed by the attending physician and Mental Hygiene price to builtie, common or manager of should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene price to builtie, the medical examiner must be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)		- OLI	IIIIIIOA	IL OI	DLA	-	HEG. NO			
	MARTHA E	. RNFUE	>					2. DATE OF DEATH MONTH DA	90		7:60 PM
	4. SOCIAL SECURITY NUMBER 217-22-2011	5. SEX 6.	AGE (In yrs. lest bir	rthday) IF UN YRS. MONTH	DER 1 YEAR B DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	7	BIRTHPLA	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	treet and number)		9h C	ITY, TOWN	OR LOCATI	ON OF DE	- ///	0- 00/00	Y OF DEATH	
R	Caton Manor N		enter		Balt.			AIH	9c. COUNT	RT / A	N
DIRECTOR	RESIDENCE OF DECEDENT		0.1.001		DOLL O	111101				11/2	
E I	10a. STATE 10b. COUNTY	1	1	Oc. CITY, TOW	N OR LOCA	TION				100	I. INSIDE CITY
	Md.	N/A		Balti	imor	е				10	LIMITS?
FUNERAL	10e. STREET AND NUMBER				10	. ZIP CODI	E		10g. CITIZI	EN OF WHAT	COUNTRY?
剪	2111Sidney Av					212	30		U	I.S.	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1			I WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 1	4. RACE —	American Indian, nita, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR				2 NO				Specify: B1	ack
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECED	DENT'S USUAL	OCCUPATION	ON		16b. KIND OF BUS	INESS/INDU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do	kind of work do NOT use retired	ne during mo d.)	st of workin	9	F34C 100 - 340			
<u></u>	12		Nur	sing				Hospit	al		
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTE	IER'S NAI	ME (First, Middle, Maiden			
BE	Percy Rhen					An	n Ma	arie Andr	rade		
2	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRI	ESS (Street a	nd Number	or Rural F	Toute Number, City or Town	, State, Zip C	Code)	
٦	William Rufus		21				e. ]	Balto. Md	1. 21	230	
	20a. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  Remote 4  Donation 6  Other (Specify)	oval from State	20b. PLACE AND cerpetery, cremate	DATE OF DISP	OSITION (N	me of	-	B/5/96 Ba	ATION - CI		
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1				S OF FAC	ison Ave.	T OTTI	OIC,	nice.
	litton M.	1 Vien	war	1	2700 Balt	:imo:	nond	Md. 2122	3		
	23. PART I. Enter the diseases, or c shock, or heart failure.	emplications that co List only one cause	on each line.	. Do not ent	er the mo	de of dyl	ng, auch	ea cerdiac or reapl	ratory arres	nt,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Mul	teple.	Seli	wosn	2					Onset and Death 27201
	resoning in dealing	DUE TO (OF	AS A CONSEQUE	NCE OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEQUE	NCE OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or injury										
	that initiated events resulting in deeth) LAST	DUE TO (OF	R AS A CONSEQUE	NCE OF):							
e l		1								i	
	PART II. Other algnificant condition	s contributing to de	eth but not reau	iting in the	underlyin	cause g	lven in i	Part I. 24s. WAS AN PERFOR			RE AUTOPSY FINDINGS
EDICAL								1 Tyes 2		CON	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
- 1											YES 2 NO
ž	DID TOBACCO USE CONTR	RIBUTE TO CAUS	E OF DEATH	YES 🗆	NO [	UNC	ERTAIN	10			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE O	F DEATN (Che	ck only one)						
ž	1 YES 2 KNO	HOSPITAL: 1   Inpatient 2   EF	3 ☐ 1	DOA 4 (L)		e 5 🗆 Re	sidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26s, DATE OF INJ (Month, Day,	IURY 26	b. TIME OF	28c. INJ	URY AT		28d. DESCRIBE NOW IN	JURY OCCU	RED	
B	1 Nettural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,		М		ES 2	NO				
ا ۵	3 Suicide 6 Could not be	28a. PLACE OF IN building, atc.	IJURY — At home, (Specify)	farm, atreet, f	actory, offic			261. LOCATION (Street a. City or Town, State)	nd Number or	Rural Route	Number,
	4  Homicide determined							ony or rown, oracey			
2 1	(Check only 1 CENTIFYING PHYSIC	CIAN: To the best of my	knowledge, death	occurred at the	e time, data	and placa,	and dua	to the cause(a) and men	ner sa atated		
COMPLETE	one) 2 MEDICAL EXAMINE										manner as stated.
	296, SIGNATURE AND TITLE OF CERTIFIER		, λ	0		29c, LICE	NSE NUM	BER	29d, DATE S	SIGNED (Mon	oth, Day, Year)
0 8	(Utymae M)		end Do			D	21	684	D 2	- 25	. 86
	20. NAME AND ADDRESS OF PERSON WHO		F DEATH (ITEM 27		华100	5	nLR	684 NBURNIZ,	MO	210	6/ .
	31. DATE FILED (Month, Day, Year)	22 DECISTRABIS	CIONATURE		1.1						
	MAR 1 1996	guha Dai	idson-Rang	Lelle							

25% - 2

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black. White, atc.

white

21230

Approximate interval Between

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

1 - YES 2 NO

29d. DATE SIGNED (Month, Day, Ybar)

CTIMORE

COMPLETION OF CAUSE

Onset and Death

hours

1 XYES 2 NO

N/A

12:50

REG. NO

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	20	N F	atio	£
8	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal. cremation.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 68760	P	dmo		eve
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2. DATE OF DEATH MONTH, WALTER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 - F DAYS HOURS 76 218-07-8974 YAS. July19,1919 Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland N/A Baltimore permit. 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2047 Harman Avenue funeral director, page 5 should be detached for use as the burial-transit 21230 United States Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1  $\boxed{2}$  YES 2  $\boxed{\phantom{0}}$  NO IF YES, GIVE WAR OR DATES  $\boxed{5/41}$   $\boxed{\phantom{0}}$  7  $\boxed{\phantom{0}}$  4  $\boxed{\phantom{0}}$ 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried B 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) firefighter Federal Government 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumeme) Arthur N. Rider to Carrie Lee BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret E. Rider, wife 2047 Harman Avenue, Baltimore, Maryland 8 20e. METHOD OF DISPOSITION
1 K Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must cemetery, crematory or o Maryland Veterans 4 Donation 5 Other (Specify) 3/1 Crownsville, Marylan 21. SIGNATURE OF PURENAL SERVICE LICENSEE medical examiner 22. NAME AND AODRESS OF FACILITY hours after death. Ambrose Funeral Home of Lansdowne Hagan (Bul) filled in by the fution. or removal. 2719 Hammonds Ferry Road 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final the cremation. ardiogenie shoek disease or condition and completely f bunal, crematio resulting in death) other traumatic event, CERTIFICATION and Sequentially list conditions, prior to if any, leading to immediate cause. Enter UNDERLYING physician CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) the attending p that initiated events reaulting in deeth) LAST 6 any injury. PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and a Signed t 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) certificate to the State HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER 1 TES 2 NO Home 5 Residence 6 Other (Specify) 9 27. MANNER OF DEATH 26e. DATE OF INJURY 26c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED this with marked, 1 Natural 5 Pending Investigation м 1 YES 2 NO After the BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 60 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: hours after 4 Homicide 28 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner es stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated.

well willy drown

BINICINSTA, MD

1996

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE MAR 1

MIRCINSMA

29c. LICENSE NUMBER

DHMH-16 Rev 1/89

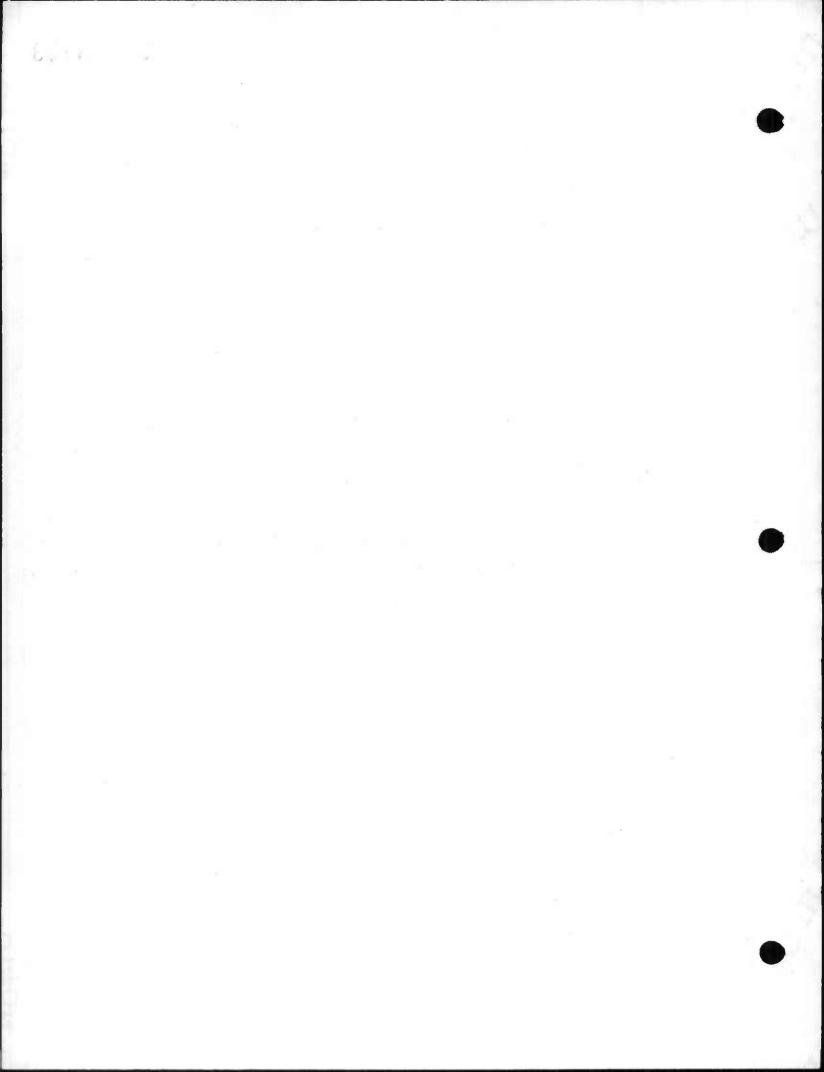


31. DATE FILED (Month, Day, Year)

296, SIGNATUME AND TITLE OF CERTIFIER

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)



State of Maryland / Department of Health and Mental Hygiene 96 05744

Certificate of Death

Reg. No.

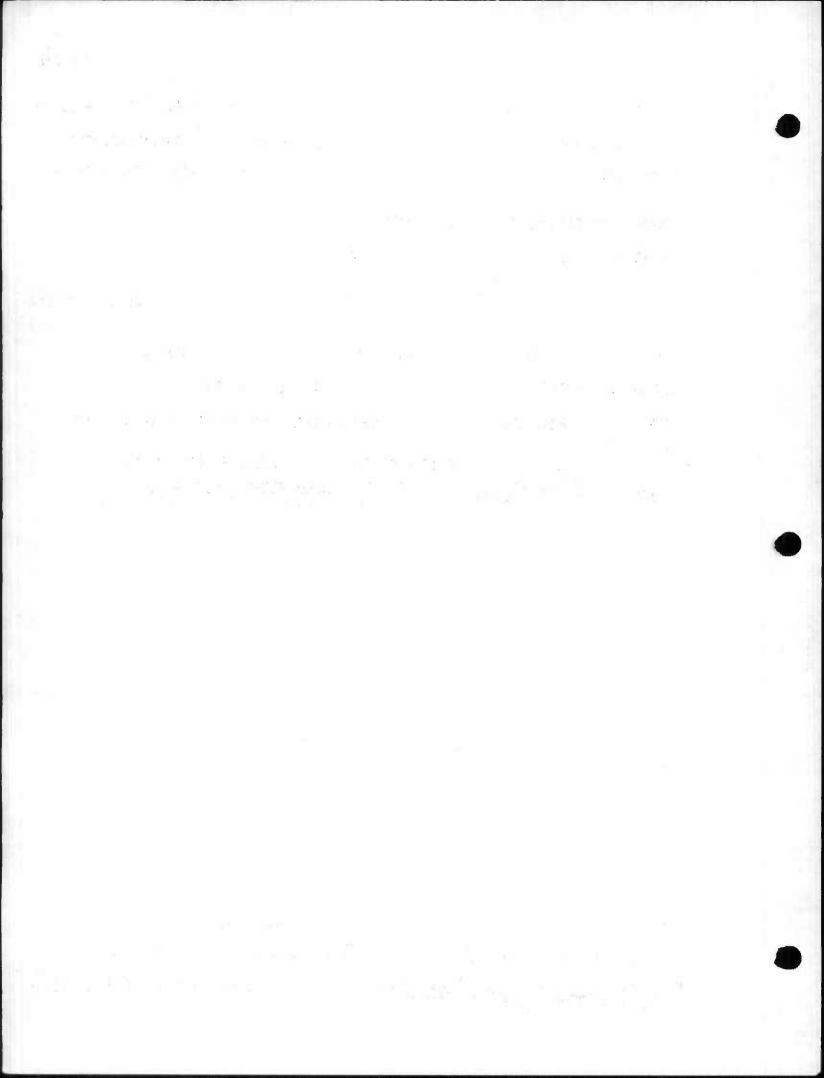
2. Data of Death

3. Time of Death

				Cei	rtificate of	Death		Reg	. No.		
Physic	ian	1. Decedant's Name (First, Middla, Last,	)				2	Data of Death Month	21	Year	3. Time of Death
/Medi		PHYLLIS A.	SMITH					Month 2	##	96"	6:15 AM
Examir	ner	4a. Facility Nama (If not institution, giva						tion of Death	4c. County		OITV
		910 STODDARD CT. 5. Social Security Number 6. Sa:		last hirthday)	If Undar 1 Yaar	BALTI If Under		Date of Righ			CITY
Funeral Director			м 2QF 42	Yrs.	Months Days		Min.	Month, Day, Y 8/23/19	(ear) 53	BALTI	MORE, MD.
ahow		10a. Stata 10b. County	10c. City	y, Town or Lo	ocation					10	d. Insida City Limits
72 hours after death with the Maryland natural", or Hems 23a or 28a-f ahow dital Examiner must be notified at	Director	MARYLAND BALTIMON	RE, CITY B/	ALTIMO	RE 10f. Zip Coda			100	Citizen of 1	Affrat Count	1 Cyas 2 No
23a or		910 STODDARD CT.			21201			U	). Citizen of V		
should be mad with the marker death with the marker of Mental Hygiene.  Indexed other than "natural", or items 23s or 28s4 should make event, the Medical Examinar must be notified as	by Funeral	11. Marital Status  1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar In U, Armad Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:		Was Decedant of I If Yas, specify Cub 1 ☐ Yas 2 🛣 No		gin? (Specif , Puarto Ric	ly Yas or No- can, atc.)	Biad	e - Amarica ok, Whita, a ''AFRO.	itc.
n "natur Medical	Be Completed	15. Decedant's Edu (Specify only highast grade	a complated)	16a. Deced (Giva lifa.	dant's Usual Occu kind of work dona DO NOT use retire	pation during most	of working	16	b. Kind of Bu	usinass/Indu	ustry
Hygiene.  Hygiene.  ther than and, the Mo	Com	Elamantary/Secondery (0-12) 12	Collaga (1-4or 5+)	UN	KNOWN	40.34-11-	de Maria		UNKNOW		
should be it ind Mental I: marked or umatic ever	To Be	17. Father's Nama (First, Middle, Last)  AUTHUR C. SMITI	4			LILL		First, Middla, Ma SMITH	udan Suman	na.)	
th and Mer 7 is marke traumetic		19a. Informent's Name/Raiationship (Ty			ng Address (Street						
N			OTHERS		VARGASC	IRCLE					
		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ R		ematary, crer	sition (Nama ol matory or othar pla	ice)			ic. Location -		
rtant		4 Donation 5 Other (Specify)			CEMETERY		2/27	/96 BA	LTIMOF	RE,MD.	•
Depertment Important: if any injury or once.		21. Signature of Funeral Service Communications	500	E	2. Name and Addre STEP BRO 300 EUTA	THERS	FUNER	RAL HOME		21217	7
		23a. Part1. Enter the disease, or complishock, or heart failure. List only or	cations that caused the death		ar tha moda of dyi	ng, such as	cerdiac or r	aspiratory arres	t,		Approximata Intervel Between
nysician											Onsat and Death
Medical xaminer		Immediate Causa (Final disease or condition	ACQUIRED	IMMUNO	ODEFICIEN	VCY SY	NDROM	E			
	-	resulting in death)	Due to (or	r as a consec	quance of):					İ	
ns:	F	_ t	RENAL INS		-						
physicien and s the burial-transit	Examiner	Sequentially list conditions, if any, laeding to immadiata causa. Entar Underlying Cause (Diseasa or injury	ANEMIA	r as a consaq	quance of):						
ysicie se bur	cal	that initiated evants	)	as a conseq	uance of):						
ding 158 8	<b>VMedical</b>	resulting in death) Last	HYPERTENS								
or or	Iciai	Part II. Other significant conditions con	stributing to death but not resu	ulting in the u	ndarhving causa gi	van in Part I		23h Did tohi	acco use co	ntribute to	the cause of death
igned by the e	Physicial	Tall in other organical to other organical	moung to death but not rust	meng in tila di	ndanying cadsa gi	VOIT HTT OUT 1.		1 🗆 Yes			ably 4 Unknow
peen s	Completed by							24a. Was an operforme		avai	ra autopsy findings liable prior to apiation of cause leath?
- 6	Com							1 ☐ Yas	2 No	10	Yas 2□ No
certificate rector, par	Be (	25. Wes cesa rafarred to medical axaminer?				26. Placa	of Death (0	Check only ona)			
this or	ို	1 ☐ Yas 2 🛣 No		ER/Outpatien	IL 3LI DOA			5 🕅 Rasidano			)
5 6	Certification:	27. Mannar of Death  1 X Natural 5 Panding 2 Accident invastigation	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	Wo	ryat ork? ]Yas 2∐ f		d. Dascribe how	Injury occur	red	
Director d in by the	ertific	3 ☐ Suicida 6 ☐ Could not be detarmined	28a. Place of Injury - At ho building, atc. (Specify	me, farm, str	eet, fectory, office		281	l. Location (Stre City or Town,		er or Rural	Routa Number,
within 24 hours effect deeth.  To the Funeral Director: Aft completely filled in by the fur	edical C	29a. Certifiar (Check only one) 1 Certifying Phys	sician: To the best of my knowner: On the basis of axaminatiand manner stated.	wledga, daath Ion and/or inv	n occurred at tha ti vastigation, in my	ma, data and opinion, deet	d place, and	d dua to the causet the time, dete	sa(s) and ma e and place,	innar as sta and dua to	ited. tha cause(s)
of the	Mex	29b. Signature and title of certifier	and manner stated.		29c. Licans	sa number	VArul	AT 290	I. Data signe	d (Month, D	Day, Year)
- 3 F 8		· 1Dure	Free	,	D	392	70			1996	
		30. Name and address of person who co	mpleted causa of death (Item	23a) (Type,	Print)	st.	R	Altim	INP	MA	. 7121

DHMH 16 Ray 6/95

State Registrar



or attending physician. BALTIMORE, MARYLAND 21215-0020 after death. Page 6

Pages 1, 2, 3 should

permit.

burial-transit

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	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 ha
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	C
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 96 2050 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR BIRTHPLACE (State or Foreign IF UNDER 24 HRS 7. DATE OF BIRTH DAYS **HOURS** 1 🗆 M 2 💢 F YRS. SACH 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH HORIZON SPECIAL DIRECTOR 500 N/A 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND N/A BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7848 EASTDALE RD. 21224 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY WHITE 3 X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY nentary/Secondary (0-12) College (1-4 or 5+) 6 YEARS HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) 7 ADAMZIOLKOWSKI VALERIE TRUSZKOWSKI BE Damille 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. MARYANNA ZIOLKOWSKI 7848 EASTDALE RD. BALTO. Μ. 21224 20e. METHOO OF DISPOSITION
1X Buriat 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must HOL Y RUSARY and completely filled in by the funeral directo bunial, cremation, or removal. 4 ☐ Donation 8 ☐ Other (Specify) CEM 3 -- 1 BALTO. CO. the medical examiner #1. SHOWATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY KACZOROWWKI FUNERAL HOME 2525 FLEET ST. BALTO. MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart tailure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition pumonia injury, or other traumatic event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) Trus CERTIFICATION Sequantially list conditiona, prior to DUE TO (OR AS A CONSEQUENCE OF) it any, leading to immediate the attending physician Mental Hygiene prior to cause. Entar UNDERLYING CAUSE (Disease or Injury ANTENO SCIENTE As cula DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART ii. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and and AME ABLE PRIOR TO TUBE G Bytrony shows any COMPLETION OF CAUSE has been signed I Dept, of Health a 1 TES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN X PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Item HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 TO 1 | Inpatient 2 | ER/Outpatient 3 | DOA marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this cu 1 Natural 5 Pending 1 YES 2 NO After I ΒY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) .00 COMPLETED 8 Could not be DIRECTOR: / 28 4 Homicide determined item 2 1 📆 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. THE HOSPITAL ITHE FUNERAL [ TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If I 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2986 SWO 2

32. REGISTRAR'S SIGNATURE
Davidson-Randall

2900 E

BALT, MORE

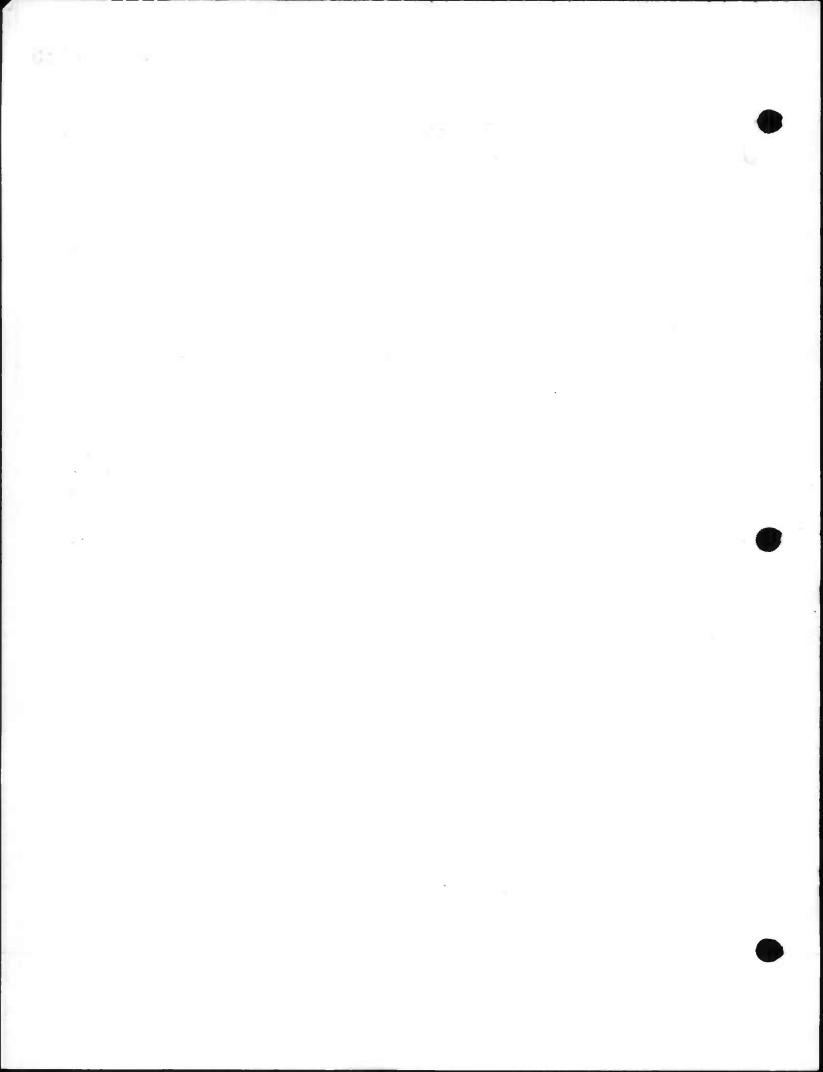
GO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

lia

Simon

1996

31. DATE FILEO (Month, Day, Year)



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Onwillianda	- 4	Dandle
Certificate	$\alpha$	Death

**Physician** /Medical **Examiner** 

**Funeral** Director

with the Maryland Show death

Director

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Completed

ir than "natural", or items 23a or 28a-f short the Wedical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours attar Department of Health and Mantal Hygiane. Important; if item 27 is marked other than \*natures", or ite may injury or other traumatic event, the Medical Examinate page. Saltimore, Maryland 21215-0020 **Physician** 

/Medical Examiner

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Certification:

and -transit certificata be axecuted tha bunaltha attending physiciar as t 950 ò signed by 2 should be been Se

Box 68760.

P.O. Records, Division of Vital After Attending daath. or Attend after daath Director: 24 hours a Funeral D To the Within 2 To the

1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth FEB. 2<sup>Day</sup>, 1996 MILTON D. STONEBARGER, 1005AM JR. 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death ST.AGNES HOSPITAL CHEST PAIN BALTIMORE If Under 24 Hrs. If Under 1 Yaar 7. Aga (In yrs. last birthdey) Birthplece (Steta or Foreign Country) Months Days 10⊈M 2□ F Hours 51 504-48-5547 Apr. 26,1944 New York Usual Residence of Decedent 10a, Stata 10c. City, Town or Location 10b. County 10d. inside City Limits Yes 2□No Maryland Prince George Laurel 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1215 Marton Street 20707 12. Was Decedant Evar in U,S. Armed Forces? 13. Wes Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexicen, Puarto Rican, etc.) 11. Meritel Stetus 14. Race - American Indian. 1 ☐ Naver Married 2 💆 Merried 1 X Yes 2 No If Yes, Give 1967 1 ☐ Yes XXNo Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: 1987 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Chief US Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Milton D. Stonebarger, Sr. Dorothy Hansen 19e. Intorment's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Pamela E. Stonebarger/Wife 1215 Marton Street, Laurel, 20b. Place of Disposition (Nema of cematary, cremetory or other piece) 20e. Method of Disposition Data 20c. Location - City or Town, Stete 1 ☐ Buriel 2 Cremetion 3 ☐ Removal from Steta 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore Washington Crem 2/26 Laurel, Maryland 22. Neme end Addrass of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707 the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, 23e. Part 1/ Enter the disease shock, or heart tailure. immediete Ceuse (Finel disaese or condition resulting in deeth) Due to (or es e consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury Due to (or es a consequence of) thet initieted avants resulting in deeth) Lest Dua to (or es a consaquance of) Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death?

2 No 3 Probably 4 Unknown

24e. Wes en autopsy

Yes

24b. Were eutopsy tindings eveileble prior to completion of cause of deeth?

2□ No

25. Was case reterred to medicel examiner? XIXYas 2 No

6 ☐ Could not be

27. Menger of Deeth

1/ Alaturel
2 Accident

3 Suicide

29a. Certifile (Check or

4 Homicide

Hospitel: 1 ☐ Inpatiant XXER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 5 Pending Investigation

28b. Tima ot

28a. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

26. Plece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end mannar stated.

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

one)

29c. License number O.C.M.E 29d. Data signed (Month, Dey, Year) FEB. 24, 1996

ath (Item 23a) (Type, Print) KON

111 Penn Street, Baltimore, Maryland 21201

State Registrar

DHMH 16 Rev 6/95

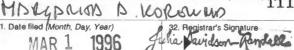
31. Dete tilad (Month, Dey, Year)

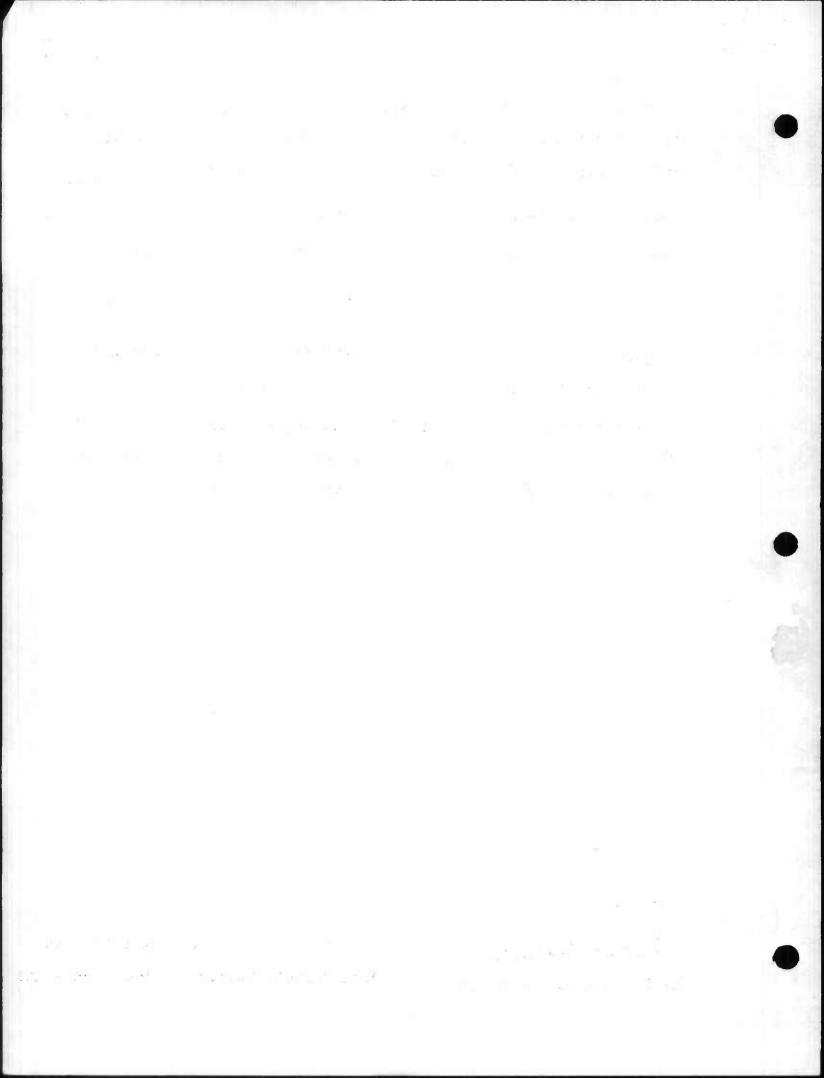
Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. UNK 96-039 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Death Month Voor **Physician** SILWONUK VICKIE 25 1996 FEB 5:04 /Medical 4e. Fecility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner BALTIMORE MARYLAND AVE & TAYLOR AVE **ESSEX** 5. Sociei Security Number 7. Age (In yrs. last birthday) Birthpieca (State or Foreign Country) **Funeral** 1 M 2 XF 218-76-0410 36 Yrs Director Maryland Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a State 10b Count 10c. City, Town or Location 10d. Inside City Limits r 28a-f show Essex Md. Baltimore 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? then "natural", or items 23s or the Medical Examiner must be a USA 630 Delaware Ave. 21221 Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 14. Race - American indian, Bieck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No ff Yes, Give Year or Dates: 1 □ Never Married 2 □ Merried 21215-0020 1 ☐ Yes 2X No Specify. þ Specify 3 ☐ Widowed 4 ☑ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) own home Housekeeper . Pages 1 and 2 should be filed w tment of Health and Mental Hygie tant: If Item 27 Is marked other ti jury or other traumatic avent, to 12th Baltimore, Maryland 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumama) Be Doris Laird Nicholas Silwonuk 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Doris Silwonuk 1122 Foxwood Lane Baltimore Md. 21221 20b. Place of Disposition (Nama of cametery, cramatory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Buriai 2 Cremation 3 Removal from Stete Department of Important: If any injury or once. 21/28/96 4 ☐ Donation 5 ☐ Other (Specify) Oak LAwn Cemetery Baltimore Md. 21. Signature of Funerel Servica Licensee 22. Name and Address of Fecility Connelly Funeral Home of Essex onne lle 300 Mace Ave. Baltimore Md. 21221 300 Mace Ave. Baltimos not enter the mode of dying, such es cerdiac or respiretory errest 23e. Part1. Enter the disease, or complications that caused the death, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical AND OUTTRY WOUND) Examiner Due to (or as a consequence of): Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pul Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical the Due to (or es e consequence of) USB as signed by the atte Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yes 2 No 25. Was cese referred to medical Be 26. Place of Deeth (Check only ona) LOT Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence WYOther (Specify) PARKING Certification: To 1 No 2 No this 27. Menner of Death 28d. Describe how Injury occurred 28e. Dete of injury (Month, Day Year) 28b. Time of 28c. tnjury at Work? After injury M 5 Pending investigation 1 Natural I or Attendin after death. Director: Aft in by the fur SMUSIECT SMOBBER AM CUT UNICHOUN 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 4 Homicide UNKNOWN UNKLAUN 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end manner as stated.

XX Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end menner stated. 29a, Certifier Medical 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E FEBRUARY 25,1996 30. Name and address of person who completed cause of death (Item 23a) Type Print) Penn Street, Baltimore, Maryland 21201

State Registrar

31. Date filed (Month, Day, Year)





Pages 1, 2, 3 should

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Feb 26 1996 YEAR RITA **HARTMAN** SULLIVAN 12:00 pm M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. April13,1932 1 M 2 F 63 YRS. Maryland 213-28-6508 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Baltimore DIRECTOR Saint Joseph Medical Center Towson, Marvland RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. Baltimore Baltimore 1 TES 2 NO 10e. STREET AND NUMBER FUNERAL tog. CITIZEN OF WHAT COUNTRY 10f. ZIP CODE 7919 Wynbrook Road 21224 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HD IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 X NO Specify: BY 35 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NDT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Factory Worker 6th Factory once. 17. FATNER'S NAME (First Middle Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) To to Edward Hartman Marion Saunder BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret Ewell Daleview Court Timonium Md. 21093 pe 20e. METHOD OF DISPOSITION

☼ Buriel 2 ☐ Cremetion 3 ☐ Removal from State DATE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State cemetery, cremetory or other piecel 4 Donation 8 Other (Specify) SacredHeartofJesus 3/1/96 Balitmore MD 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex 23. PART I. Enter the diseases, or complications that caused the deeth Do not enter the mode of dying, such as cardiac or respiralory arrest, shock, or heart faildre. Ust only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition NON SMALL CELL LUNG CANCER 3 MOS. resulting in death) DUE TO (DR AS A CONSEDUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 10 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 TES 2 ND 1 TES 2 ND DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN IN PHYSICIAN: 23 26. PLACE DF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 HD HOSPITAL: OTHER: 4 - Nursing Nome 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28e. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HDW INJURY OCCURED marked, 1 Netural 2 Acciden 1 YES 2 ND BY Investigation Accident 28e. PLACE DF INJURY — At home, ferm, streel, fectory, office building, stc. (Specify) 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 99 DIRECTOR: A hours after of tem 28 is COMPLETED 8 Could not be 4 Nomicide datermined 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(e) end menner es atated. 2 MEDICAL EXAMINER: On the basic of axemination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Beatry V46.26 · Kugon D 16492 2 30. NAME AND ADDRESS DE PRISON WHO COMPLETED CADSE DE DEATH (ITEM 27) (Type, Print, BEATRIZ P. DIZON, M.D., ST. JOSEPH MED. CTR., 7620 YORK RD., TOWSON, MD. 21204 MAR 1 1996

and physician a Division of Vital Records, P.O. Box 68760, ettending \$

Examiner Physician/Medical þ Completed Be 2 Certification:

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

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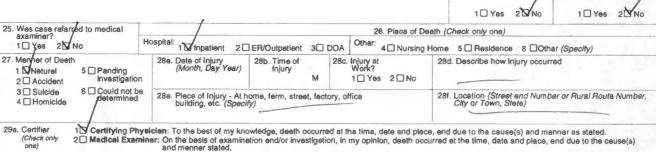
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The law requires that the death certificate be asscuted signed by t peed page 2 s certificata or Attending Physician: director this Affer death. Director: / efter

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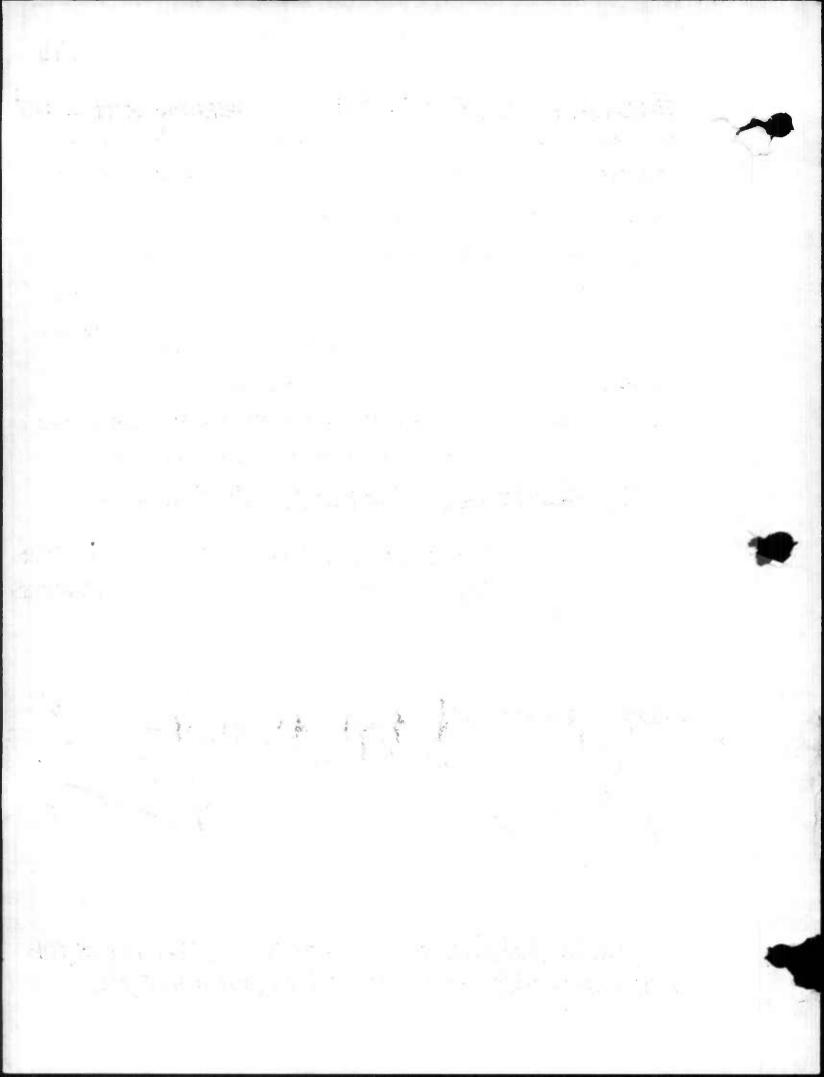
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- ST. AGNES HOSPITAL, BALTIMORE, MI

32. Registrer's Signal Andale delle



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 27,1996 ELLIS E.; SHAHAN 2:30A.M. Feb. /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 2911 Liberty Parkway Dunda1k Baltimore If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) **Funeral** Deys Months Director 236-20-9464 74 Sept. 15, 1919 West Va. Usuel Residence of Decedent filed within 72 hours efter death with the Marylend Hygiene. 10a. State 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits Md. Baltimore Dundalk 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2911 Liberty Parkway 21222 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ∑ Yes 2 ☐ No Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritei Stetus 14. Rece - American Indien. Bleck, White, etc. 1 Never Merried 2 Married If Yes, Give Year or Detes: 45-46 1 ☐ Yes 2 No Specify: g 3 Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed wit Department of Health and Mental Hygiene Important: If from 27 is marked other tha any filury or other traumatic event, tha once. 12 Pipe Fitter STeel Company 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) 8 Ernest U. Shahan Lula J. Robinson 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wanda Vargo Daughter 2911 Liberty Parkway, Dundalk, Md. 21222 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stata Burial 2 Cremetion 3 Removel from State Meadowridge Mem.Park 2-29-96 Howard Co., Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Bradley-Ashton Funeral Home, Inc. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest,

April 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest,

April 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest,

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April 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, 21222 Approximete Interval Between Onset end Deeth Physician Immediate Cause (Final disease or condition resulting in death) /Medical 2 months Examiner Due to (or as a consequence of) Examiner COPD ettending physician and for use as the bunel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, The law requires that the death certificate be Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the 1 Yes 2 10 signed by 3 Probably 4 Unknown ģ 24b. Were autopsy findings eveliable prior to completion of cause of death? 24e. Wes en autopsy performed? Completed peed has certificate 1 □ Yes 2 □ No or Attending Physician: 25. Wes case referred to medical examiner? director Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this After thi funeral 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 1 Naturel 2 ☐ Accident 28b. Time of injury Certification: 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending death. 1 ☐ Yes 2 ☐ No investigation Director: / 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homiclde the Funeral Di Medical 29e. Certifier Dertifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. To the To the To the Comple 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 96 2500 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) AVE., THBMC FAINA V. CAPLAN 4940 EASTERN 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Savidson

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1	RTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	The second second	The second second		
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMEN'	OF H	IEALTH DEAT	AND	MENTAL	HYGIEN REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH					
		rider						February 10,1996 12:40 A					
			(In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Oct. 9,1904 New York					
	207 00 0012		1 YRS.						9,190	04	New	York	
æ	A IATUTE IAME THE ASTRUM. OR OR		.on			R LOCATIO		EATH			ITY OF D		
DIRECTOR	Center-Ke	nsington		K€	ensir	ngton	1			Mont	gome	ry	
REC	10a. STATE 10b. COUNTY		10c. Cf	10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY			
۵	Maryland Montgo	mery	K	ens <b>i</b> r	gtor	1						1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER				101	101. ZIP CODE 10g. CITIZEN OF WH.						HAT COUNTRY?	
NE	3000 McComas Avenue  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED				20895 U.S.A.							•	
	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1 YES	2 NO If yes, specify Cuban, Mexica					an, Puerto Rican, etc.)			Black	ACE — American Indian, lack, White, atc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 ☐ YES 2 XNO Spec							Speck	White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	15. DECEDENT'S EDUCATION 16a. DECE				ON .		16b. KIND OF BUSINESS/INDUSTRY					
		Mr. D. MOT											
MP	8 Homemaker own home												
	17. FATHER'S NAME (First, Middle, Last)					-			ddle, Maiden	Sumame)			
B													
2	Dorothy Davidson		8814 A									815	
	284. METHOD OF DISPOSITION	206	PLACE AND DATE				, 01	OATE		CATION —			
	1 <sup>th</sup> Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	of from State	ng David	ther place)	. Go	in.		2-11				h, Va.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22.	NAME AN	D AOORES	S OF FA	CILITY					
	Tim O 4	1.001000	C						a1 Hor 22040				
	23. PART i. Enter the diseases, or con	npiications that ceused	the deeth. Do								est.	Approximate	
	shock, or heart feliure. Lis	t only one ceuse on e	ech line.			_						interval Between Onset and Death	
	diseese or condition resulting in death)	Chinis	ossta	well	i se	lung		Lison	سد			Las	
	and the second s	DUE TO (OR AS A	CONSEQUENCE O	F):		1		- 10 -				17-0	
N	Sequentially list conditions b.												
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING												
FIC	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):									
E	resulting in death) LAST			,									
	PART II Other algorificent conditions of	G											
SAL	PERFORMED?								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDIC	Jenus Charle	TIM, N	curea	/ ~	Jus			—   ·	1 TYES 2	XNO		COMPLETION OF CAUSE OF DEATN?	
Σ	DID TORACCO LISE CONTRIE	SUITE TO CAUSE O	E DEATH VI	s D I	VO [	LINC	EDTAIR	u bd				1 TYES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Chock only one)												
SIC		OSPITAL:	atlent 3 DOA	OTHER 4 K Nur		5 □ Rei	aldence	6 Other /	(Specify)				
美	27. MANNER OF OEATN	1   Inpatient 2   ERI/Outpatient 3   DOA   4   Nursing Nome 5   Residenc  28e. DATE OF INJURY AT (Month, Day, Year)   28b. TIME OF INJURY WORK?							RIBE HOW IF	JURY OCC	URED		
BY	1 Natural 5 Pending 2 Accident Investigation	(World, Day, Your)		M		ES 2	NO						
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— A1 home, 1arm,	street, fact	ory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	4 Nomicide determined City or lown, Stere)												
COMPLETED	29s. CERTIFIER (Check only one)  OERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.												
8	One) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as									and manner se stated.			
BE (	296 RIGNATURE AND TITLE OF CERTIFIED		29c LICE			29d. DATE SIONED (Month, Day, Year)							
6	30 NAME AND ADDRESS OF THE STATE OF THE STAT	eyel					899				2/2	1176	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)  MARTIN C. SHALLING MY STORY OF STANDARD TO BY STANDARD T							'A TO					
	31. DATE FILED (Menth, Day March	PERSTRAPS SIGN	WHE!			C	EN.	1 4 100	TON	M	د بد	0813	
	MAR I 1996 garasan Manage								[				

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### Please Type or Print in Black indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 05752 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Deeth 3. Tima of Death FEBRUARY 25,1996 **Physician** Year 6:00 P.M. /Medical 4e. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner KINCSVILLE Bradshaw BALTIMORE 11922 JERTOHO ROAD 7. Age (In yrs. iast birthday) If Undar 1 Yaar If Undar 24 Hrs. 5. Social Sacurity Number 6. Sax 1 XM 2 ☐ F Birthplaca (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Deys Hours 173-10-7921-A 78 Yrs. Director Chester, PA. Usual Rasidance of Decedant the Menylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Merylen Department of Health and Mentel Hyglene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examinst must be notified as 1 ☐ Yas 2 No Director Maryland Baltimore Bradshaw 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 11922 Jericho Road 21021 U.S.A. Funeral 12. Was Dacadant Evar In U,S. Armed Forces? 1 ☐ Yas ≥ 1∑No If Yas, Giva Year or Datas: Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 11. Marital Stetus 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: þ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working lifa. DO NOT use retired) Elemantary/Secondary (0-12) Collaga (1-4or 5+) Maintenance Supervisor Baltimore City 17. Fethar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumame) Samuel J. Talbot, Sr. Martha Annette Myers 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mrs. Dorothy V. Talbot(Wife) 11922 Jericho Road Bradshaw, Maryland 21021 20b. Place of Disposition (Nama of cematary, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Metro Crematory Feb. 27,1996 Baltimore, Md. 21. Signature of Funarel Sarvice Licent 22. Nama end Addrass of Fecility E.F. LASSAHN RUNERAL HOME, P.A. 11750 BELATR ROAD KINGSVILLE, MARYLAND 21087-1351 23a. Part1. Enter the disaasa, or demplications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate tntarval Between Oneat and Death Physician Atheroscherolic Cordiovastular fixan /Medical Immediata Causa (Final disaasa or condition rasulting in death) Examiner ettending physician and for use as the burlel-transit Sequantially list conditions, if eny, laading to immediata causa. Entar Undarfying Cause (Diseasa or Injury that initiated events rasulting in daath) Last Dua to (or as a consequence of): P.O. Box 68760, The lew requires that the deeth certificate be Physician/Medical Dua to (or es e consequanca of): Pert II. Other significant conditions contributing to death but not rasulting in the undarlying causa given in Part I. 23b. Did tobacco usa contributs to the cause of death? signed by t 1 Yss 2 100 3 Probably 4 ☐ Unknown 1 cenema Records. by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? After this certificate 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p 25. Was casa refarred to medical Be 28. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidanca 8 Othar (Specify) 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred Medical Certification: 1 Natural 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 ☐ Suiclda 28a. Placa of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleida 29a. Certifier 1 Certifying Physician: To tha best of my knowladga, daath occurred at tha tima, data and piace, and dua to tha cause(s) and mannar as stated.

2 Medical Examtner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar stated. 29b. Signature and tiple of certifier 29c. License number 29d. Date signed (Month, Dey, Year) offames me 008252 Feb. 26, 1996 30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

WILLIAM D. HAKKARINEW, WAS FRANKUN SQUARE (+05ATAC PAICTMENCE W)

31. Data filled (Month Day, 1906 Julia) Manufaction and

**DHMH 16 Rev 6/95** 

State Registrar

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death ITEM#1 film q733 3/1/96 ag perFH 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death Month Dey 24 **Physician** February 1996 12:30 a.m. Oscar MILLS Vansant /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore N/A Hopkins Bayview If Under 1 Yaar | if Under 24 Hrs. 5. Sociei Security Number 7. Age (In yrs. last birthday) 6. Data of Birth (Month, Dey, Yes Birthpieca (Steta or Foreign Country) **Funeral** Min. Months Days Hours 1₩ M 2□ F Yrs Director 217-14-5115 85 Feb. 9, 1911 Maryland Usuel Residence of Decedent with the Merylend 10a State 10c. City, Town or Location 10b. County 10d. inside City Limits ir than "natural", or itama 23a or 28a-f ahow the Medical Examiner must be notified at 1 Yas 2 No Directo Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? permit. Peges 1 and 2 should be filed within 72 hours after death 1 Department of Health end Mental Hygiene. Important: If Itam 27 is marked other than "natural", or itams 23s any injury or other traumatic avant, the Medical Examiner must once. U.S.A. 3448 Cliftmont Avenue 21213 12. Was Decedent Ever in U.S. Armed Forcas? 14. Race - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-ff Yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 Yas 2 No If Yes, Giva Yeer or Detes: 1 Nevar Merried 2 Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 No 2 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) Tugboat Captain Fuel Company 7th grade 17. Fethar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) 2 Harry H. VanSant Margaret Virginia Middleton 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3448 Cliftmont Avenue, Baltimore, Maryland 21213 Ruth R. VanSant (Wife) 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramovai from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Wesley Chapel Cem. 2/26/96 Rockhall, Maryland 21. Signeture of Funerel Service License 22. Nama and Address of Fecility Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Part1. Enter the discusse, or complications that cause (the ceath. Do not entar the mode of dying, such as cardiec or respiretory arrest, shock, or heart fellular List only one cause on each Approximata Intervel Betw Onsat and Death **Physician** Immediete Ceuse (Finel disaasa or condition resulting in deeth) /Medical 60 hours a. Intracerebral hemorrhage Examiner Due to (or es a consequence of): Examiner that the death certificete be executed physician and s the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Influence cause) Due to (or es e consequence of): Physician/Medical thet initieted events resulting in death) Lest Due to (or as a consequence of): 88 for use as signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown à should 24b. Wera autopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed certificate hes 1 Yas 2 □ No 1 ☐ Yes 2 No director, 25. Wes case referred to medical examinar? Be 28. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1 Mnpatiant 2 ER/Outpatient 3 DOA funeral 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred or Attanding Fafter death. 5 Pending investigation 1 Naturai 1 Yas 2 No 2 Accident To the Hospital or Attan within 24 hours after dea To the Funeral Director completely lilled in by th 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 4 Homleide 29a. Certifier 110 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signature apartitle of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person was completed causa of deeth (Item 23e) (Type, Print) Johns Hopkins Bayview Medical Center Nicholas laragakis

**DHMH 16 Rev 6/95** 

State

Registrar

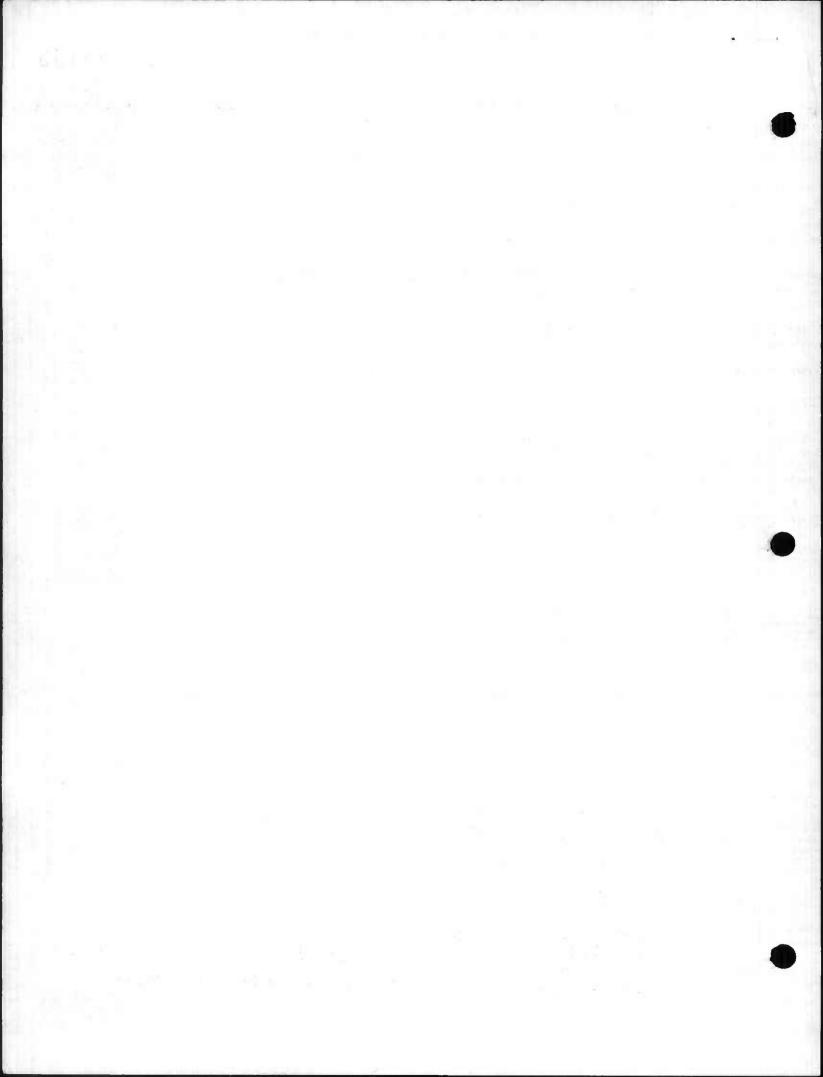
31. Dete filed (Month, Dey, Yeer)

MAR 1

1996

32. Registrar's Signeture

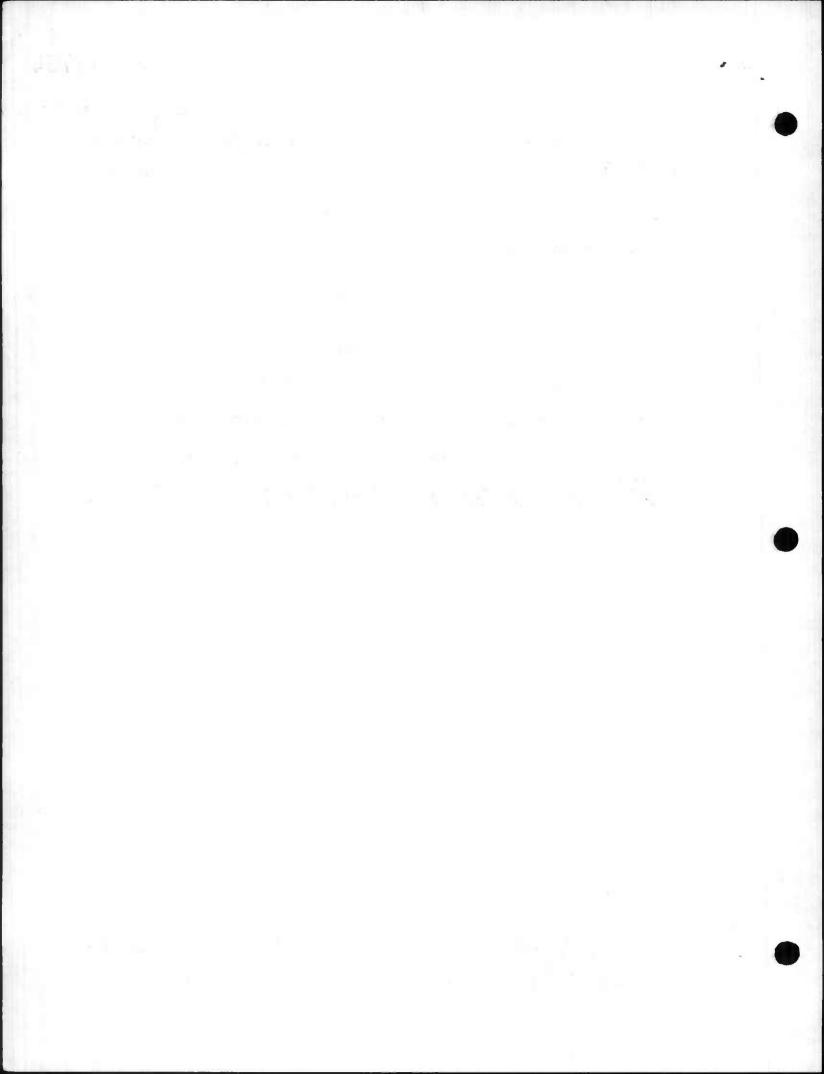
Tilson-Randall



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State of Maryland / Department of Health and Mental Hygiene

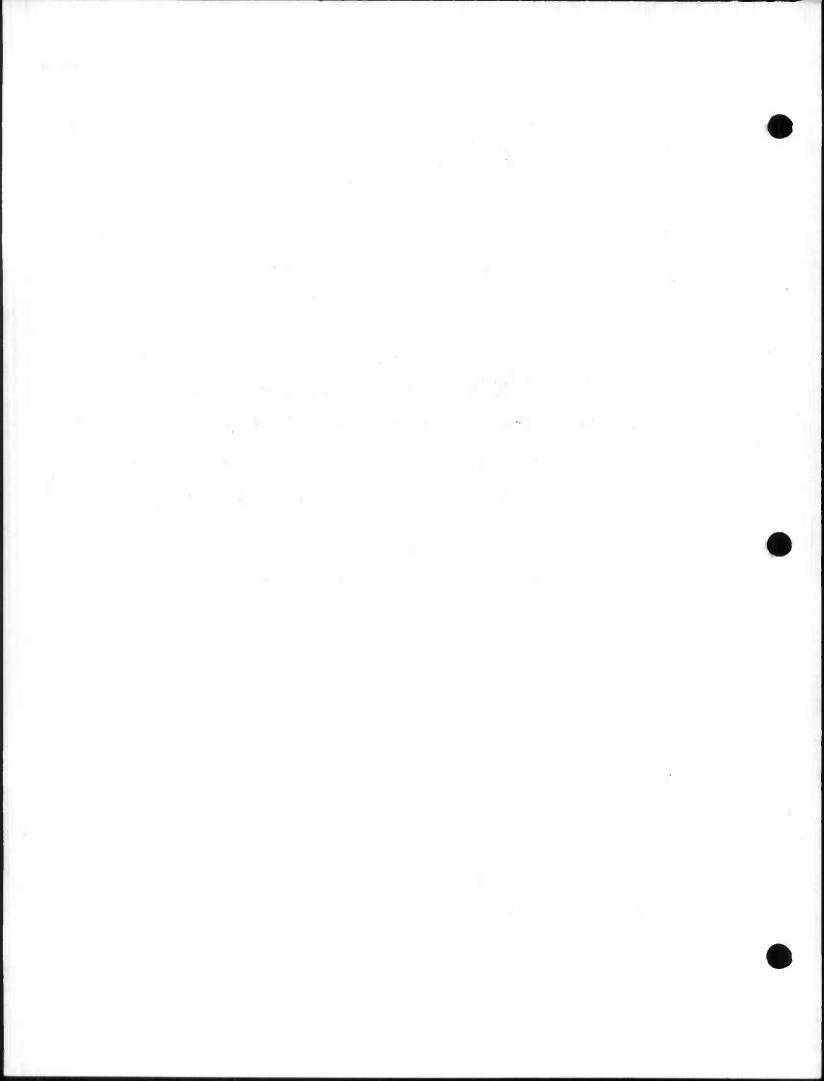
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** Anthony Vacca 1996 6:05 A.M. Feb 28 /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Southridge Road Catonsville Baltimore If Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Social Sacurity Number If Undar 1 Yaar 7. Aga (In vrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 218-01-4740 15M 20 F Months Days 82 Yrs. Director 6,1914 Jan. Maryland Usual Rasidance of Dacedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or Items 23s or 28s-f show any Injury or other traumetic event, the Medical Examiner mast be notified at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Catonsville Director Md. Baltimore 1 ☐ Yes 2 ☑ No 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? 21228 969 Southridge Road U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 14. Race - Amarican Indian, 11. Marital Status Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Black, Whita, atc. 1 Navar Marriad 2 Married ☐ Yas 2 No f Yas, Giva altimore, Maryland 21215-0020 1 ☐ Yas 2000 Specify: þ White 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantery/Secondary (0-12) College (1-4or 5+) Barber Barber 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Malden Surnema) Be Dulcissima Auti Vincenzo Vacca 0 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. fnformant's Name/Ralationship (Type, Print) 969 Southridge Road Catonsville, Maryland 21228 Amelia Vacca (Spouse) 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a, Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Cretslawn Cemetery March 1,1996 Marriottsville, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Sellvice Licenses 22. Nama and Addrass of Facility Leroy M & Russell C Witzke Funeral Homes 23a, Part1. Enter the disease, o 1630 Edmondson Avenue Catonsville, Maryland Do not antar tha moda of dying, such as cerdiac or raspiratory arrest, Approximate Intarval Between Onset and Death **Physician** Immediata Cause (Finel disaasa or condition rasulting in daath) /Medicai **Examiner** Les 29 to 30 Du black. Physician/Medical Examiner The law requires that the death cartificate be axecuted tha bunal-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaase or Injury that initiated evants rasulting in death) Last Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of): for usa as Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown by 8 24b. Wara autopsy findings avallable prior to page 2 should Completed 24a. Was an autopsy performed? complation of cause of death? certificate has 1 ☐ Yas 2 No 3/D No 1 Yas or Attending Physician: Be 25. Was cesa rafarrad to medical axaminar? 26. Place of Death (Check only ona) 1 Yas 2 No Other: 4 Nursing Homa 5 A Rasidance 6 Other (Specify) Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this lirector: After this in by the funeral d 27. Mannar of Death Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 V Natural 1 Yes 2 No 2 Accidant 6 Could not be 3 Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida 11 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceusa(s) and manner as stated.
2 Medicef Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner steted. 29a, Certifian Medical 29b. Signatura and titla of certifie 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Name end eddrass of person when leted cause of deeth (Item 23a) (Type, Print) Lewis Zuniga 1/01 Maiden Choice Lane Baltimore, Maryland 21227 31. Data filed (Month, Dey, Year) 2. Registrar's Signetura State Deviden-Aggdell Registrar



letached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may of retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 Quild in be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART			MENTAL HYGIE		
i,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In				FEB 1	5 1990	1234 A H
	215.05.5461	1 - M 2 X F 17	8 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign DUNTY) ARYLAND
FOR	CHURCH HOS	PITAL		BA	CHO,	EATH	9c. COUNTY O	P DEATH
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	MARY LAND NUMBER	/A	BI	7L+1141	DRE . ZIP CODE		10g, CITIZEN (	1 YES 2 NO
FUNERAL	2533 Fait	AVENUE	10.1000	1	2122	.4	7	LSA
BY FU	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp		NIC ORIGIN? (Specify Y in, Puerto Ricen, etc.) y:	14. F	IACE — American Indian, Black, White, etc.
9	15. DECEDENT'S EDUC. (Specify only highest grade of		ISO. DECEDENT'S U	SUAL OCCUPATION And Advisory of the Suar Advisory o	ON st of working	16b. KIND OF B	USINESS/INDUSTR	Y
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homen	rollrod.)	-	ou	ons Hor	ne
CON	17. FATHER'S NAME (First, Middle, Last)	S DRZE	WIFCK	; )	18. MOTHER'S NA	ME (First, Middle, Maide	on Surname)	
) BE	19a. INFORMANT'S NAME (Type/Print)	) LORGE		DDRESS (Speet a	and Number or Rural	Route Number, City or To	wn, Stete, Zip Code	)
2	MR. (TILBERT	WOODS	520	7 HA	ZELWO	7100	Balto.	MD 21206
	1 DABuriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		ery, crematory or other	or place)	Cem	2.19 B	ocation - city o	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	,	22 NAME A	ND ADDRESS OF FA	CILITY EIN	Ral H	me 21222
	KMUS & X	1034cous	ki .	120	Dunde	2/14 AN	E BAL	b. MD
	23. PART I. Enter the disesses, or or ahock, or heart fellura. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused to list only one cause on each one of the cause on each other or the cause on each other or the cause of the c	ch ilna.		de of dying, suc	h as cerdisc or res	piratory arrest,	Approximate Interval Between Onset and Death
_		DUE TO (OR AS A C			N= 021	MULANH	MIS 15/4	56
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C					DIOCH.	
TEIC	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A C	CONSEQUENCE OF)					
E	reaulting in death) LAST							
ALC	PART II. Other aignificant conditions	contributing to death but	t not resulting in	tha undarlyin	g cause given in		N AUTOPSY DRMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC						1 YES	. /	COMPLETION OF CAUSE OF DEATH?
ME	DID TOBACCO USE CONTR	PIRLITE TO CALISE OF	DEATH YES	NO F	UNCERTAI			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	20	8. PLACE OF DEATH		JOHOLKIAN			
SIC	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Output		OTHER: Nursing Hon	ne 5 🗆 Rasidence	6 Other (Specify)		
	27. MANNER OF DEATH  Natural 5 Pending  Natural Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	DRK7 YES 2 NO	28d. DESCRIBE HOW	/ INJURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY - building, atc. (Specify	At home, 1erm, sto	set, factory, offic	a	281. LOCATION (Street City or Yown, Ste	t and Number or Rule)	ural Route Number,
P.E.	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my knowle	dga, death occurred	at the time, data	end place, and due	to the cause(s) and m	enner se stated.	
COMPLET	and the second s	R: On the basis of examination						rse(s) end menner as stated.
BE	29b, SIGNATURE AND TITLE OF CERTIFIER	monn			DIST3	Table 1	-	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	SWIT MO	TH (ITEM 27) (Type, I	Print)				
	31. DATE FILED (Month, Day, Year)	A 32/RESIERERS TOWN	lette		70011		D	J2
	MAR 1 1996 7			-0.0				



96-0955-510 Please Type or Print in Black indelible Ink. Assure Ali Copies Are Legibie. ITEMS: 23 PART I, 27, 28a-f State of Maryland / Department of Health and Mental Hygiene PER MEO FILM G-733 3/11/96 t.t Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Yaa **Physician** ERICK WOFFORD FEB 23, 1996 6:45AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3016 FENDALL ROAD BALTIMORE 7. Aga (In yrs. last birthday) If Undar 1 Yaar 5. Social Sacurity Number 6 Sax **Funeral** 85-2127 100 M 2□ F Months Days Hours Yrs. Director Usual Rasidance of Decedant the Maryland 10a. State 10b. County 10c City Town or Location Inside City Limits 28s-f show must be notified 1₽Yes 2□No Director 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Coda with 6 11.51 items 23a Funeral death 12. Was Dacadant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ② No If Yas, Giva Yaar or Datas: 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours effer on ent of Heelth and Mentel Hygiane. Int: If Item 27 is marked other than "natural", or item 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 PNo Spacify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Dacedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Giva kind of work dona during most of working lifa. DO NOT usa ratired) (Specify only highast grada complated) (0-12) Elamantary/\$ Collega (1-4or 5+) 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be 19b. Mailing Addrass (Street and Number or permit. Pages 1 and 2 Department of Heelth e Important: if Item 27 is any injury or other trat once. City or Town, Stata 1 Di Burial 4 Donat Other (Specify) e, or complications that caused the death. Do not en List only one cause on each line. Interval Between Onsat and Death **Physician** /Medical Causa (Final NARCOTIC, COCAINE AND ALCOHOL INTOXICATION disaasa or condition rasulting in daath) Examiner Dua to (or as a consequance of): Examiner that the death certificate be executed Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avants resulting In death) Last and Dua to (or as a consequence of): burial-Box 68760 physicien Physician/Medicai the Dua to (or as a consaquance of): for use as 980 P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the 3 1 Yes 2 No 3 Probably 4 Unknown signed be del Records, à 24b. Ware autopsy findings available prior to Completed 24a. Was an autopsy performed? complation of cause of death? has paga 2 The certificate XYas 2 No 1XIXas 2□ No Division of Vital Be 25. Was casa rafarred to madical 28. Place of Death (Check only ona) Othar: 4 ☐ Nursing Homa XX Rasidance 8 ☐ Othar (Specify) XX Yas 2 No Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? Atter 5 Panding Attending 1 Naturai UNKNOWN 1 Yas 2XXNo invastigation FOUND 2/23/96 6:35 2 Accident tor Could not be datarmined 3 Suicida 28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, State) 3016 FENDALL ROAD 4 | Homicide SP C 8 FOUND AT HOME BALTIMORE, MD. 21215 29a. Cartifian Medical 1 Certifying Phyalcian: To the best of my knowledge, daath occurred at the time, date end place, and due to the causa(s) and manner as stated. (Check only one) Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licansa number

O.C.M.E

29d. Data signed (Month, Day, Year) FEBRUARY 23, 1996

within To the

31. Data filed (Month, Day, Year) State Registrar

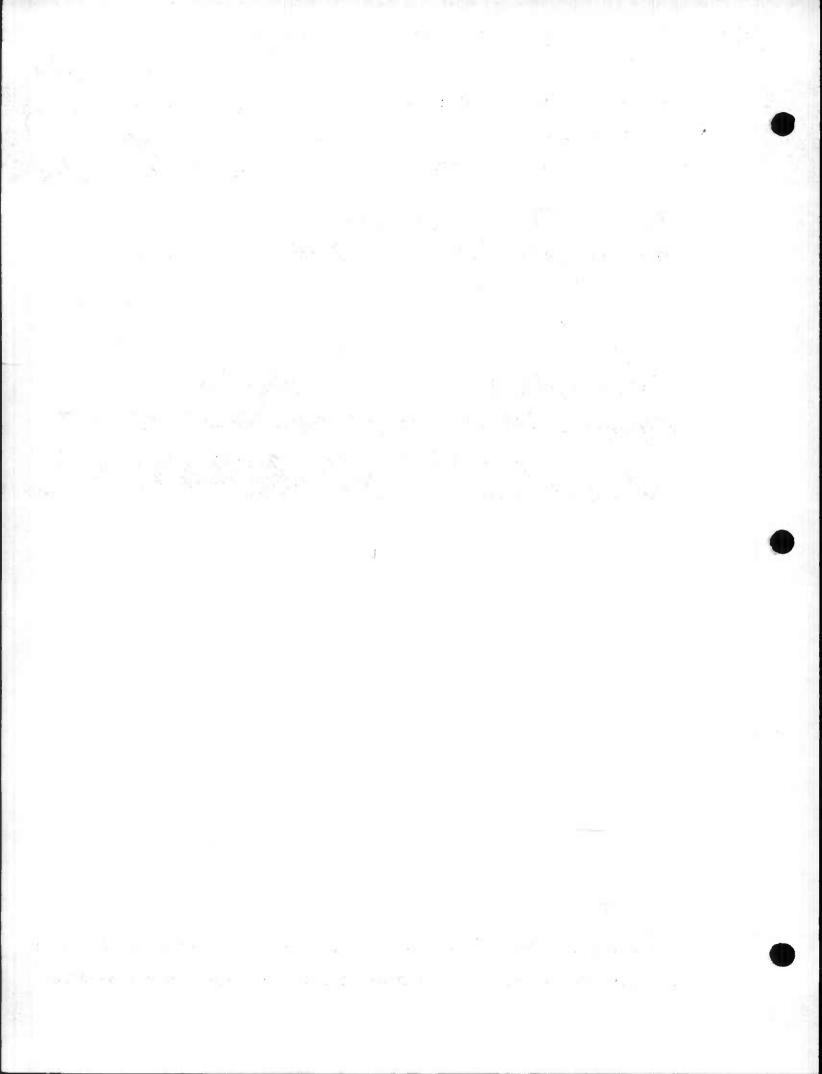
29b. Signatura and title of certifian

1996

111 Penn Street, Baltimore, Maryland 21201 Margarita Korell M.D. Julia Vali Delstar Sindull

To,

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)



DIVISION OF VITAL RECORDS, P.O. BOX 68769

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH BELTON Thomas WHITAKER Feb 22 20 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year B. BIRTNPLACE (State or Foreign 247-24-1201 1 TM 2 🗆 I HOURE 74 Aug 2123, 1921 South Carolina permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Deaton Medical Center Baltimore n/a 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland /Carroll Eldersburg 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 2363 Erin Road 21784 USA Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 11. MARITAL STATUS 14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: Oct 143 Feb '46 Black 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high H Elementary/Secondary (0-12) College (1-4 or 5+) COMPL School Teacher Kershaw County Public Sch. 5+ 17. FATNER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname) notified at BE Calvin Whitaker Emily Belton 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Cheryl W. Sessomes 2363 Erin Road Eldersburg, MD 21784 þ 20a. METHOD OF DISPOSITION
1XXBurial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must 1X Buriel 2 Cremation 3 He 4 Donation 8 Other (Specify) MD Veteran Cemetery/Carrism Owings Mills, MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeral; Hoes Homes 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 en completely filled in by the medicai 23. PART I. Enter the diseases, or complications that seused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory erreat, shock, or heart feliure. List only one cause on each line. Approximata ation, or IMMEDIATE CAUSE (Final **Onest and Death** the disesse or condition LSI 's event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) signed by the attending physician and cor Health and Mental Hygiene prior to burial, Diahre traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s WAS AN AUTOPSY erfore De enferme Deus, her ula 1 YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO has been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN 23 DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? After this certificate I OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Nome 5 ☐ Residence 8 ☐ Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) Feb. 7 (995 28b. TIME OF INJURY 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED Struck 28c. INJURY AT WORK? marked, ☐ Netural bycar BY 2 Accident 28s. PLACE OF INJURY — Al home, larm, streel, factory, office building, etc. (Specify) Sulcide 281. LOCATION (Street and Number or Rural Route Number,
City or Town, State) 500 7+1 (AROL)MA DIRECTOR: A Chours after d COMPLETED 8 Could not be 4 Homicide 5 have 1 TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTOR TO THE FUNERAL DIRECTOR THE WITHIN 72 hours at IMPORTANT: If Item 28 29a. CERTIFIER 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and menner as stated. (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

Fels 29 (956 BE Prican 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE "don-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The same

AL RECORDS, F.O. BOX 68760, BALLIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VILAE RECORDS, F.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death c	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Heath and Mental Hyglene prior to burial, cremation, or remoral.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

	505										0	15158
	1 - STATE REGISTRAR	STATE OF	MARYLAND /		TMENT OF			MENTA	L HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, MIGGIN		w,	9 T.	SON			2. DATE	OF DEATH DA	8	YEAR 96	TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE	OF BIRTH		· .	ACE (State or Foreign
	216–12–2028	1 □ M 2 💢 F	88	YRS.	MONTHS DAY	8 HOURS	MIN.	Oct		907		svlvania
œ	90. FACILITY NAME (If not institution St. Agnes Hos)				9b. CITY, TOW	N OR LOCAT	ION OF DI	EATH		9c. COU	TY OF DEAT	
<u>ē</u>	RESIDENCE OF DECEDE				Ba	ltimo	re				N/A	
DIRECTOR		COUNTY		10c. CIT	Y, TOWN OR LO						10	Id. INSIDE CITY
	Maryland	Baltimore			Cato	nsvil	.le				1	YES 2 NO
FUNERAL	100. STREET AND NUMBER 407 Waveland	Road				10f. ZIP COI	2122	8		10g. CITI	U.S.	A COUNTRY?
5	11. MARITAL STATUS	FOROTOR	NT EVER IN U.S. AR	MED	13. WAS I	ECENDENT specify Cub	OF HISPAI	NIC ORIGI	N? (Specify Yes	or No-	14. RACE -	American Indian, White, etc.
Β¥	1 Never Married 2 Marrie 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES		10	ES 2X NO	Specifi	y:	rican, etc.)		Specify:	White
G	15. DECEDENT (Specify only higher		16a. DE	CEDENT'S	USUAL OCCUP	TION	laa	168	. KIND OF BUS	SINESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT us	retired.)	most of work	my					
COMPLET	8		В	<u>ookke</u>	eeper		•		Whole		Produ	ice
S	17. FATHER'S NAME (First, Middle, L George E. Heri					100	hel		Middle, Meiden	Surname)		
0	19a. INFORMANT'S NAME (Type/Prir		19	b. MAILING	ADDRESS (Stre					2 State Zin	Code)	
ᄋ	Thomas O. Wats	son, Jr. (So	on) 8	662 (	Cobblef	ield	Road	Col	umbia,	Mary	land	21045
	20a, METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3	Removel from State	20b. PLACE	AND DATE O	OF DISPOSITION ther place) TE CEME	March	2.1	996AT	E 20c. LO	CATION -	City or Town,	State
	4 □ Donation 6 □ Other (Specification 21. StGNATURE OF FUNERAL SERV		- Meado	wride					Dor	sey,	Maryl	and
	AT SIGNATURE OF POWERAL SERV	/ )	0			AND ADDR			C Wit	zke F	unera	l Homes
	r r.C.	Wyk.	1_		1630	Fdmo	ndso	η Δτ	enue C	atons	svi 116	Maryland
	23. PART I. Enter the disease shock, or heart fa	s, or complications the liture. List only one ca	of caused the de use on each ilne	ath. Do r	ot enter the	node of dy	ing, suc	h as can	diac or reapi	ratory arr	eat,	Approximate Interval Between
į	IMMEDIATE CAUSE (Final disease or condition	San										Onset and Death
	resulting in death)	a. Sep	OR AS A CONSE	QUENCE OF	F):							14 days
z		b. Phen										į
	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	DUENCE OF	T):	1 -	-/					
<u>   </u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	a Mul	uple	ON	an	Der	140					
ERTIFICATION	that initiated events resulting in death) LAST		(ON AS A CONSE	DENCE G	·).							İ
5	DART II OMIIII	d.										
SA	PART II. Other significant cor	wel 0				ing cause	given in	Part i.	24a. WAS AN PERFOR		AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDICA		ithian's		en				_	1 TYES 2	No		MPLETION OF CAUSE DEATH?
	DID TOBACCO USE CO			TU VE			CEDTA IA				1	TYES 2 DENO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI				H (Check only o		CERTAIN	N M		-		
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 🗆 R	asidenca	6 🗆 Othe	er (Specify)			
Ę	27. MANNER OF DEATH	26s. DATE OF		26b. TIMI	E OF 28c.	NJURY AT			SCRIBE HOW IN	IJURY OCC	URED	
2	7 Feature 5 Pending 2 Accident Investig	etion		_	M 1	YES 2	NO					
요 <b> </b>	2 Suscide 6 Could r	building.	F INJURY — At ho etc. (Specify)	me, farm, s	treet, factory, o	fice		26f. LOC City	ATION (Street at or Town, Stete)	nd Number	or Rural Rout	e Number,
4	An- Orminen											
COMPLE	(Check only	PHYSICIAN: To the best of a AMINER: On the basis of a										warraneer tables.
- 10	29b. SIGNATURE AND TITLE OF CE		Autoria di di di		n, iir my opinioi			_	and piace, and			
4	mvo	mare	mh	EA	25.	ZVC. LIC	ENSE NUM	SE.	5			onth, Day, Year) 8 - 96
2	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAU	SE OF DEATH (ITE							112	20 2	0- /6
		in highe	vary	1	zen e	nen	ie	M	D 2	106	1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	1	ne Javid	20		-				
	rela 29/76	MAR	1 1996	74	muciand	Start - Start	THE STATE OF	•				

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

10f. Zip Code

21205

Yrs.

10c. City, Town or Location

Baltimore

7. Age (In yrs. lest birthdey)

88

tem#1&17		State of Maryland / Department of Health 3 3/1/96 ag per Entificate of Dear	and Mental Hygiene	•	05759
Decedent's Neme	(First, Middle, Last) ABLE	WEDDLE	2. Dete of Deeth Month FEB. 26.	19 <sup>Y</sup> 9°5	3. Time of Deeth 2:43 PM

**Physician** /Medical **Examiner** 

ite 1. Dece

10a. State

10e. Street and Number

11. Meritel Status

Director

4e. Fecility Neme (If not institution, give street end number) 1109 HORNERS LANE

4b. City, Town, or Location of Death BALTIMORE

26, 1996 2:43 PM 4c. County of Deeth

**Funeral** 

5. Sociel Security Number 1□M ŽÜKF 219-10-2808 Usual Residence of Decedent

1109 Horners Lane

10b. County

If Under 1 Yeer If Under 24 Hrs. Months Devs Hours

8. Date of Birth (Month, Day, Year) 05/29/1907 9. Birthplace (State or Foreign Virginia

10g. Citizen of Whet Country?

U.S.A.

10d. Inside City Limits XXYes 2 No

Approximete Interval Between Onset end Deeth

24b. Were eutopsy findings availeble prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

29d. Dete signed (Month, Day, Year) FEB. 27, 1996

Director

7 is marked other than "naturel", or itema 23a or 28a-f show traumatic event, the Medical Examiner must be notified at other

is 1 and 2 should be filed within 72 hours efter of Heelth and Mental Hygiene. Hem 27 le marked other than "naturel", or ite Baltimore, Maryland 21215-0020 permit. Pages 1
Department of H
Important: If iter
any injury or oth

**Physician** /Medical Examiner

Examiner physician and s the burief-transit The law requires that the death certificate be executed Physician/Medical 88 for use as 980 ed by the signed by t d be detach þ should should Completed page 2 s certificate Hospital or Attending Physician: Be Certification: To this funeral After death. Director: A To the Hospital or within 24 hours aft To the Funeral Dis completely filled in Medical

Box 68760,

Records, P.O.

Division of Vital

Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Merried 1 Yes 2♥ No Specify: Specify: White by 3 Nidowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Cleaning Lady Banking 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be CHARLIE C. HINES Charles C. Hines Mary Jane Carroll 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Alice Greene/daughter 1109 Horner's La. Balto. MD. 21205 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Crestlawn Cemetery 03/01/96 MarriottsvilleMD 4 Donetlon 5 Other (Specify) 21. Signature of Funerel Service Licenses 22. Name end Address of Fecility
Moran-Ashton Funeral Home, Inc. tella 3000 E. Baltimore St. Balto. MD. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Immediate Cause (Final Arteriosclerotic Cardiovascular Disease disease or condition resulting in death) Due to (or es e consequence of): Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events Due to (or es e consequence of): thet initiated events resulting in deeth) Last Due to (or es e consequence of): Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24e. Wes en eutopsy performed? 1 Yes 2 No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 | Inpatient 2 | ER/Outpetient 3 | DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1X Yes 2 No 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name end eddress of person who gompleted cause of deeth (Item 231) (Type, Print) Mario F. Golle Jr. M.D. /111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signeture

1 Certifying Physician: To the best of my knewledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examiner on end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end manner slated.

29c. License number

O.C.M.E.

State Registrar 31. Dete filed (Month, Dey, Yeer)

29b. Signature and title of certifier

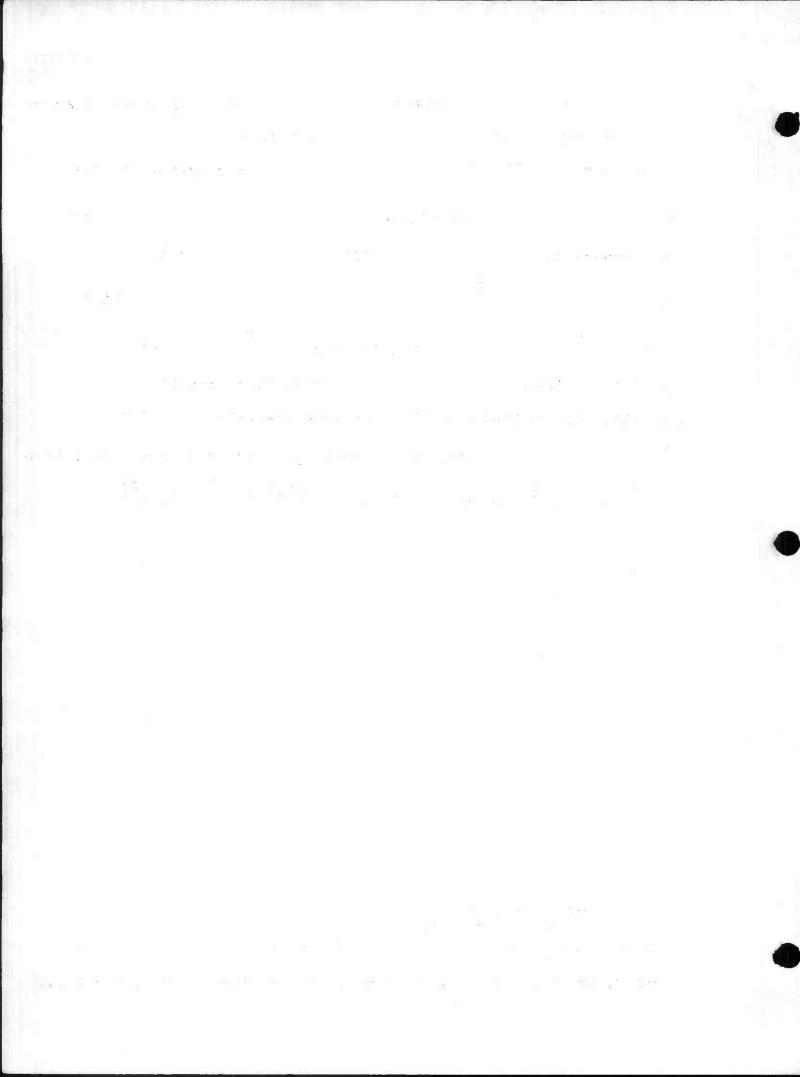
4 Homicide

(Check only one)

29a. Certifier

MAR 0 1 1996

Talk Davidson Replat



Items7,8,9 3-18-96 FilmG733 W.h.Per F/H

Please Type or Print in Black Indelibie ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

05760

Physician	١
/Medical	ŀ
Examiner	ı
	ı

12:14 A

**Funeral** Director

with the Maryland r 28a-f show

Funeral

þ

Completed

Be

2

in than "natural", or items 23a or permit. Pages 1 and 2 should be filed within 72 hours after death vegetament of Health and Mental Hygiena. Important: if item 27 is merked other than "natural, or items 23s any injury or other traumstic event, the Mexical Examiner mass obnice.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner

Physician/Medicai

by

Completed

Be

Certification: To

Medical

physician and the burial-transit as usa ò signed by the a peed has paga 2 cartificata funaral director. Aftar this

Division of Vital Records, P.O. Box 68760, Hospital or Attending Physician: after death. filled in by 24 hours a complataly To the Within 2

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 29,1996 Wheelton George February 4b. City, Town, or Location of Death 4e. Facility Name (If not institution, give street and number) 4c. County of Death Maryland General Hospital Baltimore City Baltimore City If Under 1 Year Months Days If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 1 XM 2 ☐ F Yrs. 216-78-8785 38 Oct 17,1957 Maryland Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland
10e. Street end Num 1 Yes 2 □ No N/A Baltimore 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code 217 Park Avenue 2B 21203 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No It Yes, Give 11. Maritai Status Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify. Specify: 3 ☐ Widowed 4 ☐ Divorced Year or Dates: white 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) food manager restaurant 10 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Louise Kirsh George D. Wheelton Sr. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4 Silverton Road Baltimore, Maryland 21227 Sunshine Wheelton, Daughter 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 2/29/96Catonsville, Maryland Metro Crematory 22. Name and Address of Fecility Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road | L/19 Natimonos Ferry Roa
complications that could the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest,
only one cause on each line. art1. Enter the disease, or comshock, or heart failure. List only Immediate Cause (Finel disease or condition resulting In death) . Pneumonia Respiratory Failure Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Adult Respiratory Distress Syndrome Due to (or as e consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably > ☐ Unknown

24a. Was en autopsy performed?

24b. Were autopsy tindings

1 ☐ Yes XX No

eveilable prior to completion of cause of deeth?

26. Place of Death (Check only one)

1 TYes 2 No

25. Wes case reterred to medical examiner?

> 5 Pending investigation

6 Could not be determined

28e. Dete of Injury (Month, Day Year)

1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

27. Menner of Death

2 Accident

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

Gendelsenan M.P.

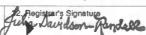
Hospitei:

89212

February 29,1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
Inna Gendelsman, M.D. c/o Maryland General Hospital

State Registrar 31. Dete filed (Month, Day, Year) 1996



Joseph J. Marine S.

permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find within 72 hours after heath with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	
pital or	od for i	
he hos	detache	once.
3	2	75
retained	5 shoule	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Page (	J direc	HOL H
death.	funera	mex
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within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the inc	vent,
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30. NAME AND ADD

MAR

JONATHON

1996

31. DATE FILED (Month, Day, Year)

96 05761 Filmg, 733, item #5, 3/8/96,cyw, per fh FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2 ARROLL 15 WINT 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 4 1 2 1 212-18-4550 86 New Winsor, Md. Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Lorein Nursing Home Baltimore City DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Kingsville Maryland 1 YES 2 1 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7719 Buck Hill Road 21087 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuben, Mexicen, Puerto Rican, stc.)

1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried Specify: BY 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Glenn L. Martin Company 7th. Assembly Worker 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ernest W. Winter Adelade Keifer notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zio Code) 2 7719 Buck Hill Road Mrs. Eleanor G. Winter Kingsville, Md. 21087 å 20e. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Belair Mem.Grds. Feb. 27,1996 BelAir, Md. 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E. F. Lassahn Funeral Home 11750 Belair Road Kingsville,Md.21087 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Between **Onset and Death IMMEDIATE CAUSE (Final** the disease or condition MYOCARDIAL INFARCTION MINUTES event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): SCUD YERARS DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING ans MIDDM YEARS **CAUSE** (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ŏ Injury, PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? BOSNO CARCINAMA any PARKINSONS, OF COLON, 1 YES 2 NO Shows COPD, SUBDURAL HOMATONA CHF. 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
Nursing Home 5 Residence 8 Other (Specify) 1 - YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 9 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF INJURY 26d. OESCRIBE NOW INJURY OCCUREO marked, 1 Netural M 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, term, street, tactory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 0.0 8 Could not be COMPLETED 28 4 Homicide datermined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. (Check only one) DICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ea stated. 29b. SIGNATURE AND TETLE OF CENTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 126/96 041291 40

WNO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. BESISTRAR'S SIGNATURE

21

CROSSROADS

GITTER, MO.

MLLS ZIII

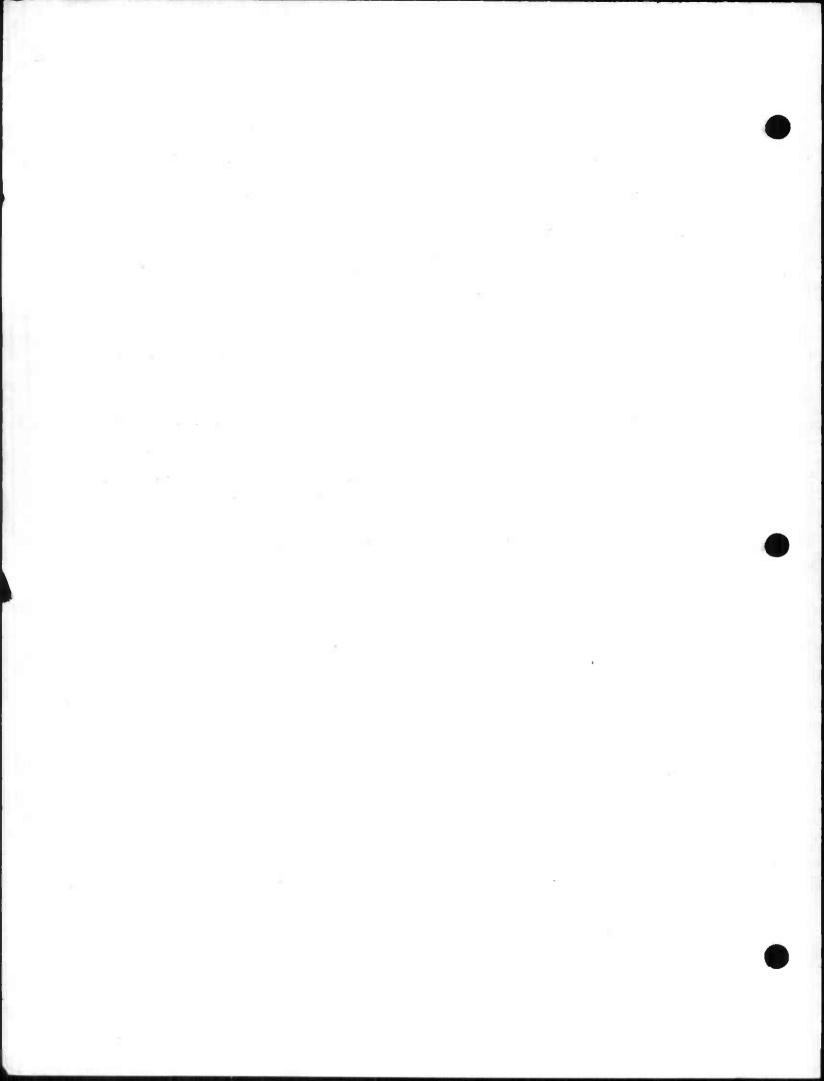
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	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H			HENE I. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Edward Jose	ph Zar	uba		2. DATE OF DEA MONTH Februar	TH DAY 1	YEAR	6:28 A.
	4. SOCIAL SECURITY NUMBER 216 20 5303	1 🛣 M 2 □ F 69	s. leat birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Yo Feb. 20	1927	BIRTHPLA Country) Mary	ce (State or Foreign land
CTOR	98. FACILITY NAME (If not institution, give st 1430 Cherry St			Baltime	or location of de	ATH	9c. COUNTY		н
DIRECT	100. STATE 10b. COUNTY Maryland N/A			town on Locat	TION	<u> </u>			1. INSIDE CITY LIMITS?  X YES 2 \( \subseteq \text{NO} \)
FUNERAL I	100. STREET AND NUMBER 1430 Cherry Str				21226		1.74		COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 To yes 2 IF yes, give war or dates World War II	□ NO	If yea, ap-	ENDENT OF HISPAN ecity Cuben, Maxica 2 X NO Specify	n, Puerto Rican, et	Ify Yea or No.— 14		American Indian, hita, atc. White
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) 186 College (1-4 or 5+)	Give kind of we life. Do NOT use		DN st of working		S. Coast		- A
COMPL	17. FATHER'S NAME (First, Middle, Last)	1 year		er_	18. MOTHER'S NA	ME (First, Middle, A	faiden Surname)	, Gua.	ra
TO BE	19a. INFORMANT'S NAME (Type/Print)  Jeanne Zaruba	Charles Zaruba	19b. MAILING		ind Number or Rural I	Route Number, City			
	20a. METHOD OF DISPOSITION 1 String Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata cemeter	ACE AND DATE O	Cherry S	ime of	DATE 2	ore, Mary	ty or Town,	Stata
	21. SIGNATURE FUNERAL SERVICE LIC		1-	Georg	ery To Accoress of FA Te J. Gon Ritchie	ce Fune:		P.A.	
ICAL CERTIFICATION	IMMEDIATE CAUSE (Final	a. Metasta  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO	The Proposed of the consequence of	estate		h as cerdlec or	reapiratory arrea	R,	Approximata Interval Batween Onset and Death
AL C	PART II. Other significant condition	_	not resulting in	n the underlyin	g cause given in		ILS AN AUTOPSY ERFORMED?	AM	RE AUTOPSY FINDINGS
MED	DID TOBACCO USE CONTI		DEATH YE	s 🗆 NO 🗆	UNCERTAI		res 2 ino	OF	MPLETION OF CAUSE DEATH?  YES 2 PNO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	26. HOSPITAL: 1   Inpatient 2   ER/Outpatie		OTHER:	ne 5 M Reeldenca	8 Other (Speci	6/1		
у РНУ	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT DRK? YES 2 NO		HOW INJURY OCCU	RED	
ETED B	2 Accident 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	treet, factory, offic	a	28t, LOCATION ( City or Town,	Street and Number or State)	Rural Route	e Number,
COMPLE	one)	ICIAN: To the best of my knowledg							d manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIED	- no, 2	>		29c. LICENSE NUI		29d. DATE 5	SIGNED (MO	onth, Day, Year)
TO BE CO	PATHLIP DENMS	10 COMPLETED CAUSE OF DEATH			BALTI	MORE,	40 21	1205	
	31. DATE FILED (Month, Day, Year)	1 32. MEGISTHAR'S STATE							



FOR 1 - STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			REGISTRAR		CE	HIIFICA	IE OF	DEATH		REG. NO.			
-			1. DECEDENT'S NAME (First, Middle, Last) Malcolm Burro						2. DAT	E OF DEATH	Y YE	3. TIME OF DEATH	4
										rary 23,	1996	0915	М
			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		DER 1 YEAR	IF UNDER 24 H	RS. 7. DAT	E OF BIRTH	8.8	BIRTHPLACE (State or For	nign
	-		203-01-1394	1 XM 2 - F	79	YRS. MONT	HS DAYS	HOURS M	IN. June	29, 191	6 Per	nsylvania	
	Should		9e. FACILITY NAME (If not institution, give	street and number)		9b. 0	HTY, TOWN	OR LOCATION O	OF DEATN	,	9c. COUNTY		
	(C)	K.									0. 50411		
	1, 2,	K	RESIDENCE OF DECEDENT	Caldibate Total		114	21 buy v	ше			Kent		
	See	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1								10d. INSIDE CITY		
	<u>«</u>	1	Maryland Kent		- 1	Kenned	Avvi 11	٥				LIMITS?	10
	permit. Pages 1,	ابا	10e. STREET AND NUMBER			ICITIC		. ZIP CODE			10a CITIZEN	OF WHAT COUNTRY?	-
	at p	2	29357 Glencoe Ro	ad /Kentmo	re Park			21645			USA		
	physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT									
20	hysic	F	1_ Never Married 2 Married	FORCES? 1	YES 2 NO	D	If yes, sp	ENDENT OF HI ecify Cuban, M	SPANIC ORIG axican, Puert	IN? (Specify Yea Rican, etc.)	or No- 14.	RACE — American Indiar Black, White, etc.	١,
5-0020	the b	BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 TYES	2 X NO S	pecify:			Specify: White	
5	as t		15. DECEDENT'S EDI	ICATION	100 050	EDENTIO HOUSE							
2121	al or att		(Specify only highest grad	e completed)	(GIV	EDENT'S USUA	one during mo	ost of working	11	b. KIND OF BUS	INESS/INDUST	RY	
	d for	7	Elementary/Secondary (0-12) 12 Yrs.	College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.)				a. 1	** *		
岁	detache	COMPLETED		4 Yrs.		Engine	er			Steel			
Z	the det	8	17. FATNER'S NAME (First, Middle, Lest)							Middle, Maiden	,		
MARYLAND	refained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	BE	Hiram H. Antrim							Burrows			
¥	5 should	0	19a. INFORMANT'S NAME (Type/Print)					lural Route Nu	nber, City or Town	, State, Zip Cod	0)		
2			Richard D. Antrim		2	012 Co	leman	Ct.	Mid1	and, Te	xas 79	701	
R	nay be	10	20s. METHOD OF DISPOSITION 14 Buriel 2 Cremation 3 Ren		20b. PLACE A	NO DATE OF DIS	POSITION (Na	me of	-	100-100	TATION ON		
0	ector, p		4 Donation 5 Other (Specify)	noval from State	west Pit	tston Ce	meterv	Tan 2	7 100	6 West	Pittetor	, Pennsylvan	io
2	Pag dir		21. SIGNATURE OF FUNERAL SERVICE L	CENSER /	11/	11	22 NAME AN	ID ADDRESS O	F FACILITY	0 INCOL	TICLSUA.	i, idibyivan	la_
ALTIMORE,	after death. Page 6 may be by the funeral director, page smoval.	- 4		Ant K	Lung!	1	Fello	ws Fun	eral	Homes,	P.A.		
BA	the h				irector	3	70 West	t Cypres	s St. N	fillingto	n, Maryl	and 21651	. 3
			23. PART I. Enter the diseases, or shock, or heart failure.	Complications that	caused the dea	th. Do not en	ter the mo	de of dying,	auch aa ca	rdiac or reapin	retory arreat,		
			IMMEDIATE CAUSE (Final	Clark Only One Cards	on mach into.	1		-				Interval Bet Onsat and	
	fy fill afformation		disease or condition	(avi	1000	2000	C1./	,	Fre	narz	wat	201	
00	h certificate be executed within 24 in ending physician and completely fille Hygiene prior to burial, cremation, or other traumatic event, the		resulting in death)	DUE TO (	OR AS A CONSECU	JENCE OF:	2 [ #1		1/11	narz	471	1600	וויטוו
68760	ate be executed hysician and comprior to burial, or traumatic ev	_	_			,				1		i	
9	executed and com to burial, matic ev	CATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
	he death certificate be a the attending physician Mental Hygiene prior to njury, or other traum	A	If any, leading to immediate cause. Enter UNDERLYING								j		
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0	ding dygie	RTIFIC	resulting in death) LAST									i	
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CORDS	that the death certificate ed by the attending physic th and Mental Hygiene pri any Injury, or other th		PART II. Other algnificent condition	na contributing to d	eth but not re	auiting In the	underlying	cause giver	n in Part I.	24a. WAS AN		24b. WERE AUTOPSY FINI	DINGS
- B	# BE -	EDICAL								PERFOR		AVAILABLE PRIOR TO COMPLETION OF CA	)
S	signed signed Health a									1 TYES 2	NO	OF DEATH?	
RE	shen show	Σ	DID TOPACCO LICE COLUM					-				1 TYES 2 NO	)
_		Z	DID TOBACCO USE CONT	RIBUTE TO CAU				UNCERT	AIN 🗆				
VITAL	V: The cate h State of	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEATH (Chi							
>	PHYSICIAN: this certifica with the St rked, or II	YSI	1 D YES 2 NO	1 🗆 Inpetient 2 🗆 I	ER/Outpetient 3	DOA 4 1	Nursing Nom-	5 Realder	nce 6 🗆 Oth	er (Specify)			
OF	S cer	PH	27. MANNER OF DEATN	28a. DATE OF IN (Month, Day)		26b. TIME OF INJURY	28c. INJ	URY/AT	26d. DI	SCRIBE NOW IN	JURY OCCURE	D	
2	NG PHYS fter this eath with marked	BY F	1 Natural 5 Pending	(monn, pay,	. rour/	M		ES 2 NO					
ō	t: After r death	0 8	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF	INJURY — At hom	e, farm, atrest,	lactory, office		281. LO	CATION (Street a)	nd Number or Ri	iral Route Number,	
DIVISION	E at 82	ш	4 Homicide detarmined	building, at	ic. (Specify)				Clt	or Town, State)			
≥	DIRECT HOURS	E	29a. CERTIFIER										
	= 2 k E	COMPL	(Check only CERTIFYING PNYS	ICIAN: To the best of m									
	TO THE HOSPITAL TO THE FUNERAL DE filed within 72 I	Ö	2 MEDICAL EXAMINI	ER: On the basis of axa	mination and/or Im	vestigation, in m	ry opinion, de	eath occured at	the time, det	a and place, and	due to the cau	ree(a) and manner as ata	led.
	THE H	BE	290. SIGNATURE AND TITLE OF CERTIFIE	H				29c. LICENSE	NUMBER,		29d. DATE SIG	NED (Month, Day, Year)	
	THE THE POPULATION TH		1,011	10	2	10 . 2	_ [	016	48	3 8	D//	15/95	
	~ ~ ~ =	2	the state of the s	1		r Y	_				-/-	-/10	
		- 11	30. NAME AND ADDRESS OF PERSON WI	COMPLETED FAUSE	OF DEATH (FEM	27) (Type, Print)			_ /		1	. [/	
			30. NAME AND ADDRESS OF PERSON WI	O COMPLETED FAUSE	OF DEATH (FIEM	27) (Type, Print)	M.	, (	1/0.	I.	t	11	
			30. NAME AND ADDRESS OF PERSON WITH COMMAND AND ADDRESS OF PERSON WITH COMMAND AND ADDRESS OF PERSON WITH COMMAND AND ADDRESS OF PERSON WITH COMMAND ADDRES	1 (An	1am	in	M?	o', (	Los	Fers	tun	M	
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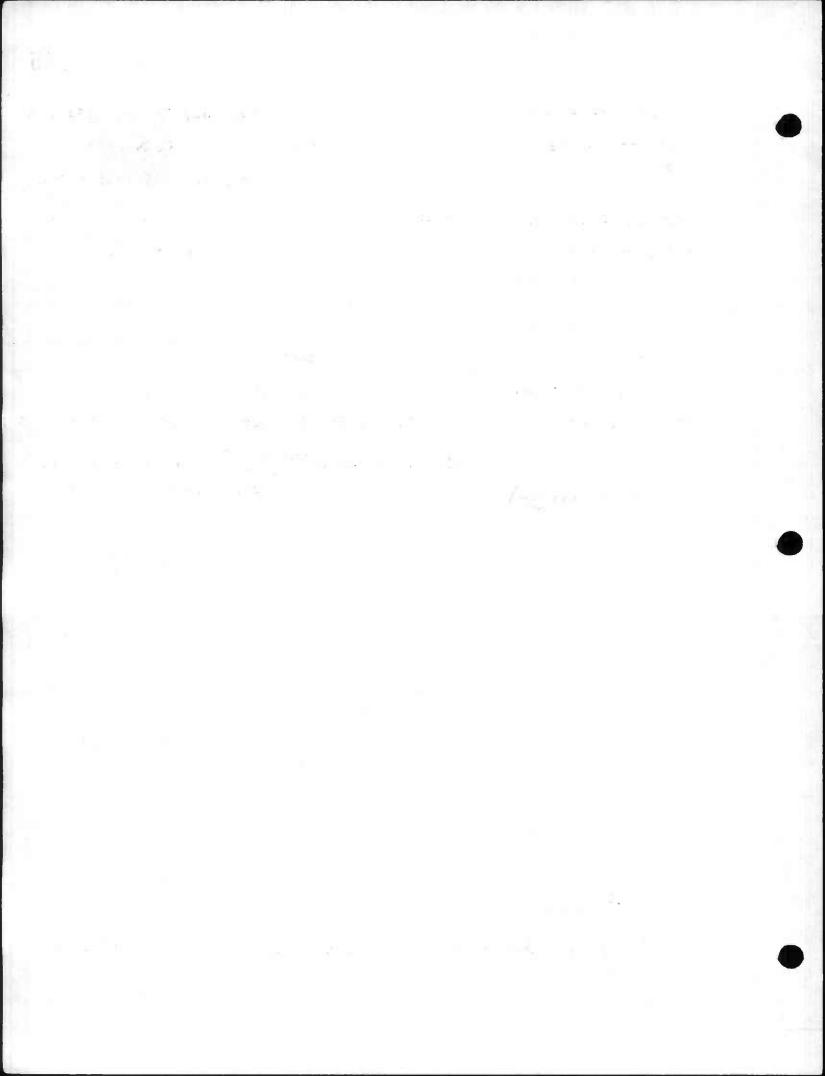
						Cer	tificate of	Death		Reg. No.		
			1. Decedent's Neme (First, Middle, La						2. Dete of D	eeth		3. Time of Death
	Physici /Medi		VII	RGINIA MA	LKUS	ASMU	ISSEN		Februa	ary 11 1	.996	12:30 pm
	Exami	- 1	4a. Fecility Neme (If not institution, giv 3010 Steame		)			4b. City, Town, Cambr	or Location of Dec	ith 4c. Cour	nty of Deeth heste	
	Funeral Director		220 34 9902	C	ge (In yrs. last b 31	irthday) Yrs.	If Under 1 Yea Months Deys		Min. (Month, L	lirth Day, Year) 21 1914	Cou	plece (State or Foreign intry) 1and
	and w		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Toy	vn or Loc	eation					10d. Inside City Limits
	deeth with the Maryland ms 23a or 28a-f show ms 2b notified at	Director	Maryland Dorches	ster	,		Cambridg	е				1 ☐ Yes 2 ☒ No
	eth with		3010 STeamer					1613		10g. Citizen o	U.S.A	A.
020	or ite	by Funeral	11. Meritel Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. Wes Decedent Armed Forces 1 Yes 221 If Yes, Give Year or Detes:	?		/as Decedent of Yes, specify Cu ☐ Yes 2☐XNo		? (Specify Yes or Nuerto Rican, etc.)	Speci	leck, White	ican Indien, , etc. nite
5-0	n 72 hours "natural",	eted	15. Decedent's Ed (Specify only highest gra		166	. Decede	ent's Usuel Occu	petion during most of	workina	16b. Kind of	Business/Ir	ndustry
2121	d within giena. er than	Completed	Elementery/Secondery (0-12)	College (1-4or	5+)		cind of work don O NOT use retir omemaker					
Maryland 21215-0020	2 should be filed with end Mental Hygiena. Is marked other than sumatic event, the	To Be C	17. Fether's Neme (First, Middle, Last) Milton	Melanchto	on Mal	.kus			Neme (First, Middle Agnes	le, Maiden Sum Todd	ame)	
	od 2 Ithe		19e. tnforment's Neme/Reletionship (		19				Cambridge			ip Code)
Baltimore,	Pages 1 end nent of Healt int: If item 2: ary or other		20a. Method of Disposition  1 ☑ Burlel 2 ☐ Cremetion 3 ☐  4 ☐ Donetion 5 ☐ Other (Specification of the content		cemete	ery, crem	ition (Name of latory or other pl Lty Chur		Dete 2/14	Church		
Balt	permit. Pages Department of Important: If it any injury or once.		21. Signeture of Funeral Service Licer	see	9	]		uneral	Home PA Cambridge	MD 21	513	
	-		23e. Pert1. Enter the disease, or com shock, or heert feilure. List only	plications thet cause	d the death. Do						113	Approximate Interval Between
	Physician /Medical		tmmediate Ceuse (Finel disease or condition	10	1	tir	Carol	Peak To A	oled 1	Disen	5~	Onset end Deeth
	Examiner	iner	resulting in death)	State	Due to (or es e	consequ	uence of):	L				Yenro
30,	requires that the death certificate be executed seen signed by the ettending physician and should be detached for use as the burial-transit	i Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	FASU	Due to (or es a	consequ	ience of):	Din	Let			Yenn
x 68760,	artificate be eing physician e as the buria	Medical	resulting in deeth) Lest	HIPE	Due to (or es a	consequ	ence of):					Yenry
Вох	hat tha death ce ed by the ettendii detached for use	lan/		d. ///								
	the e	ysic	Pert II. Other eignificant conditions of		_		derlying cause o	iven In Pert I.	23b. Di	d tobacco use	contribute	to the cause of death?
P.0	that the	y Ph	Chronic De	bilita	tel o	Syn	ito		16	Yes 2□ No	3 □ Pro	obebly 4 Unknown
of Vital Records,	- H 00	Completed by Physician/	Lymphede	mA					24e. Wa	is an autopsy formed?	a	Vere sutopsy findings veileble prior to ompletion of cause of deeth?
Re	iclan: The law certificate has rector, page 2:	E O	, ,						10	Yes 2□No		☐Yes 2☐ No
ita	an: tiffica tlor, p	BeC	25. Wes case referred to medical					26. Plece of	Deeth (Check only			
<b>/</b>	0 0	ToE	exeminer?	Hospitel: 1   Inpati	ent 2 ER/O	utpatient	3□ DOA O	ther: 4 Nursi		sidenca 6 🗆 C	ther (Speci	ity)
0 10	tending Physicath.		27. Menner of Deeth 1 ■ Neturel 5 □ Pending	28e. Dete of Inju	ay Year) 28b.	Time of injury	28c. Inj	ury et ork?		how Injury occ	urred	
Division	or Attendifier death	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	28e. Plece of In	jury - At home, f c. (Specify)	erm, stre		Yes 2 No		(Street and Nut own, Stete)	n <i>ber</i> o <i>r R</i> u	ral Route Number,
	To the Hospital or Attending F within 24 hours efter death. To the Funeral Director: After completaly filled in by the funer	edical Ce	29a. Certifier (Check only one)	ysictan: To the best ntner: On the basis of end menner si	f exemination e	e, deeth	occurred et the sestigation, in my	ime, dete end p opinion, deeth o	lece, end due to the	e cause(s) end e, date end plac	menner as e, end due	steted. to the ceuse(s)
	To the within To the	X O	29b. Signeture and title of contiles	7			1	ise number		29d. Dete sig		
	1		30. Neme and eddress of person who	completed seuss of	death (Itam 225)	(Type 5	Drint)	263	l md	02	13 -	96
	X		Michney Fach 31. Dete filed (Month, Day, Year)	Hen MD	302	a.	Vias 1.	thes loc.	h md	216	43	>
	Sta Registr		FEB 1 5 19	96 Sula	Paris Signeture	ardal	(					

Personal Personal English

### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				Cei	rtificate of	Death		Reg. No.		0010
Division		1. Decedant's Nama (First, Middla, Las	it)				2. Data of De	ath	Vest	3. Tima of Death
Physiciar /Medica		Ann Mae Au	cand				Month Februa	Day	Year 1996	11:15
Examine		4a. Facility Nama (If not Institution, give				4b. City, Town, or L				11.13
		333 Deer Drive				Luchy		Cal	vert	
Funeral		5. Social Security Number 6. S	ax 7. Age (In yrs.	. last birthday)	If Undar 1 Yeer	Lusby If Under 24 Firs.	6. Date of Birt	h		leca (Stata or Forei try)
Director		578 24 2812	□M ※□F 71	Yrs.	Months Days	Hours Min.	(Month, Da			hingtor
		Usual Residence of Decedant					- May	3 1324	was	ming cor
Mow H		10a. Stata 10b. County		ity, Town or Lo	ocation				10	0d. Insida City Lim
filed	jo	Maryland Calver	ct I	Lusby						1 □ Yes 2√1
r 28	9	10e. Street end Number			10f. Zip Code			10g. Citizen of	What Coun	try?
Sa di		333 Deer Drive			20657			Unite	d St	ates
liene. Than 'natural', or itams 23a or 28a-f show the Medical Examinet must be notified at completed by Firnarial Director	Je.	11. Meritel Stetus	12. Wes Decedant Evar in L	J,S. 13.	Wes Decedent of H	ispanic Origin? (Sr	ecify Yas or No		e - America	
1 1 1 I		1 Navar Married 2 Married	Armed Forcas? 1 ☐ Yas 2 ☑ No		if Yes, specify Cube		Hican, etc.)		ck, Whita, a	
E. C.	2	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Year or Detes:		1□ Yaa 2√2 No	Specify:		Specif	whi	te
tool lices	Completed	15. Decedant'a Ed	iucation	16a. Dece	dent's Usuel Occup	ation	late e	16b. Kind of B	usinass/ind	lustry
Med of	e l	(Specify only highest gra	Collega (1-4or 5+)	life.	kind of work dona DO NOT usa retired	dunng most of won d)	king	Woodw	ard	and
	Ö	11		brida	l consu	ltant		Lothru		
d other avant, it	9	17. Father'a Nama (First, Middle, Last)				18. Mothar's Nam				
arked o	0	Ulysses Grant	Lewis			Buehle	r M. W	ilson		
D E E	-	19a. Informant'a Name/Ralationship (7		19b. Mailir	ng Addrass (Street				Stata, Zip	Coda)
- 01 -		Harold J. Auran	nd	P.O.	Box 35	333 De	er Dr.	Lusby	Mar	yland
Itam 2		20a. Mathod of Disposition		Piaca of Dispo	sition (Nama of		Date	20c. Location		-
Important: If It any Injury or o		1 ☐ Suriel 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Hemover from Stete		matory or other plac	Fehrua	ry 20	2 - 2 -		772
를 를	-	21. Signeture of Funerel Service Licen			Garden  2. Nama end Addre	5 10	96	Ariing	con	Virgin:
any l		1 2 D	. \_		Hama ond Addio		ausch	Funera	l Ho	me PA
	4	Dhan	son		405 Bro				t RE	public
		23a. Part1. Enter tha disaasa, or comp shock, or haart failura. List only	olications that caused tha daa ona ceusa on aach lina.	th. Do not ant	ar the moda of dyln	ig, such as cardiac	or respiratory er	rest,		Approximata Intarval Batween
ysician					<u> </u>				į	Onset end Death
ledical aminer		Immediata Cause (Finel disaasa or condition	Metast	atic	(0 (a	n (an	Cer			3 years
		resulting In death)	Dua to (	or as a consec	quence of):					1
physician and strains the buriel-transit edical Examiner			b							
physician and s the buriel-transit	Xar	Sequentially list conditions,	Dua to (	or aa a consec	quence of):					
clan		Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disaase or Injury	C							
the t	2	that initiated events resulting in daeth) Last	Dua to (c	or as e conseq	uence of):					
0.0	Ž Z								Î	
r use			d						1	
ed fo	2	Pert II. Other significant conditions co	ontributing to death but not ran	sulting in the u	ndarlying cause giv	en in Pert I.	23b. Did t	obacco uee co	ntribute to	the cause of dea
ed by the attendin detached for use			-				10	Y00 2 No	3 Prob	ebly 4 Unkn
signed be det										
an sig								an autopsy	24b. Wa	ara autopsy finding
page 2 should	100						perto	rmed?	con	npletion of cause death?
page 2							10)	es 2 No		100
rector, pag		25. Wes casa rafarred to medical				00 8: 1-		- 1		Yea 2□ No
		axaminar?	Hospital:	Ten/o	Oth	er:				
£ 8	-  -	1 Yas 2 No 27. Mannar of Deeth	1 Inpatiant 2	28b. Tima of	IT 3LI DOA	4 LI Nursing H	ome 5 Rasid			()
al Director: After ted in by the funera	5	1 Natural 5 ☐ Pending	(Month, Day Year)	Injury	Wor	k? Yas 2 □ No		mjery occur		
the car	2	2 Accident invastigation 3 Suicide 6 Could not be	The second second second	ome format		100 2 100	28f Location #	Stragt and blum	or or Pure	l Route Number,
in Di		4 ☐ Homicida datarmined	28a. Place of Injury - At h building, etc. (Specia	ify)	eet, ractory, onice		City or Tow		A VI MUIZ	r route rumber,
To the Funeral Director: After th completely filled in by the funeral Medical Certification:		20. 0.4%								
he Funer pletely fill edical	2	(Check only 2 Medical Exam	vaician: To the best of my known to the contract of the basis of axaminations of the contract	owledga, daath	occurred at the tin	na, date and place, pinion, daath occur	and dua to tha	causa(s) and madata and place.	annar aa st	ated. tha causa(s)
To the Funeral Director: After completely filled in by the fune Medical Certification		une)	and mannar stated.							
To mos	=	29b. Signeture and title of certifier			29c. Licens			29d. Data signe		
		I Charles W	. Bennett M	(.),	02	5156		.Feb. 1	91	16
	1	30. Nama and address of person who o	complated causa of death (Itar	m 23a) (Type,	Print)					
State		31. Deta filed (Month, Day, Yaar)	32/Registrar's Sign	ature _						
ાં Registrar	•	FEB 2 0 19	32 Registrar's Signary Signary	sor-Rarda	LL .					
-		ILUNVIJ	J V / F							



3. TIME OF OEATH

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

executed

SALENA MAE **ANDERSON** 96 6:10 P M 4 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year)
12-15-37 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 58 222-24-1574 MONTHS DAYS HOURE 1 🗌 M 2 🔀 F MIN. SNOW HILL, MD. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FRUITLAND 28159 ALLEN-CUT-OFF ROAD DIRECTOR WICOMICO RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? WICOMICO MD. FRUITLAND 1 YES X NO permit. FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21826 28159 ALLEN-CUT-OFF- ROAD USA **burial-transit** 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 NO Specify: BY Specify: the 3 ★ Widowed 4 Olvorced **BLACK** 98 ETED. 15. DECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY USe (Specify only highest grade completed) 10 Elementary/Secondary (0-12) College (1-4 or 5+) PRMC RETIRED AA LABORER COMPL 5 should be detached notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) THOMAS AYRES ALINE ADLENE DALE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 VANESSA GIBBS P. 0. BOX 73, FRUITLAND, MD. 21826 pe 20s METHOD OF OISPOSITION
1 Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, JAMES HOLINESS CH. CE.2-10 SNOW HILL, MD. examiner 22. NAME AND ADDRESS OF FACILITY
JOLLEY MEMORIAL CHAPEL, 1213 JERSEY ROAD, 21. SIGNATURE OF FUNERAL SERVICE LICENSE sorella SALISBURY, MD. 21801 the 23. PART I. Epter the diseases, or complications that you are the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. medical in by Approximata Interval Between ŏ filled Onset and Death IMMEDIATE CAUSE (Final the disease or condition cremation, Metastotic great+ completely reaulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF): burial. CERTIFICATION and Sequentielly liet conditions, OUE TO (OR AS A CONSEQUENCE OF): prior to l If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury physician OR ATTENDING PHYSICIAN: The law requires that the death certificate be y the attending physid Mental Hygiene p other t DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 10 Injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO signed by t any COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? shows a 1 YES 2 NO has been so Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item certificate t HOSPITAL: OTHER: 1 YES 2 00 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 Sesidence 6 ☐ Other (Specify) the 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this ce with ti marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation After DIRECTOR: Att hours after dea item 28 is n 28e. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee eteted. FUNERAL I within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT. II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner se stated. 296. MIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE N.D. ▶ FEG. 9 1996 030690 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mar Fin

M10,

STRAT'S SIGNATURE OF WALLAND

145

E.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Carroll St. 5-1:5500

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed winim 24 hours after death. Page 6 may be retained by the hospital or attending physician.

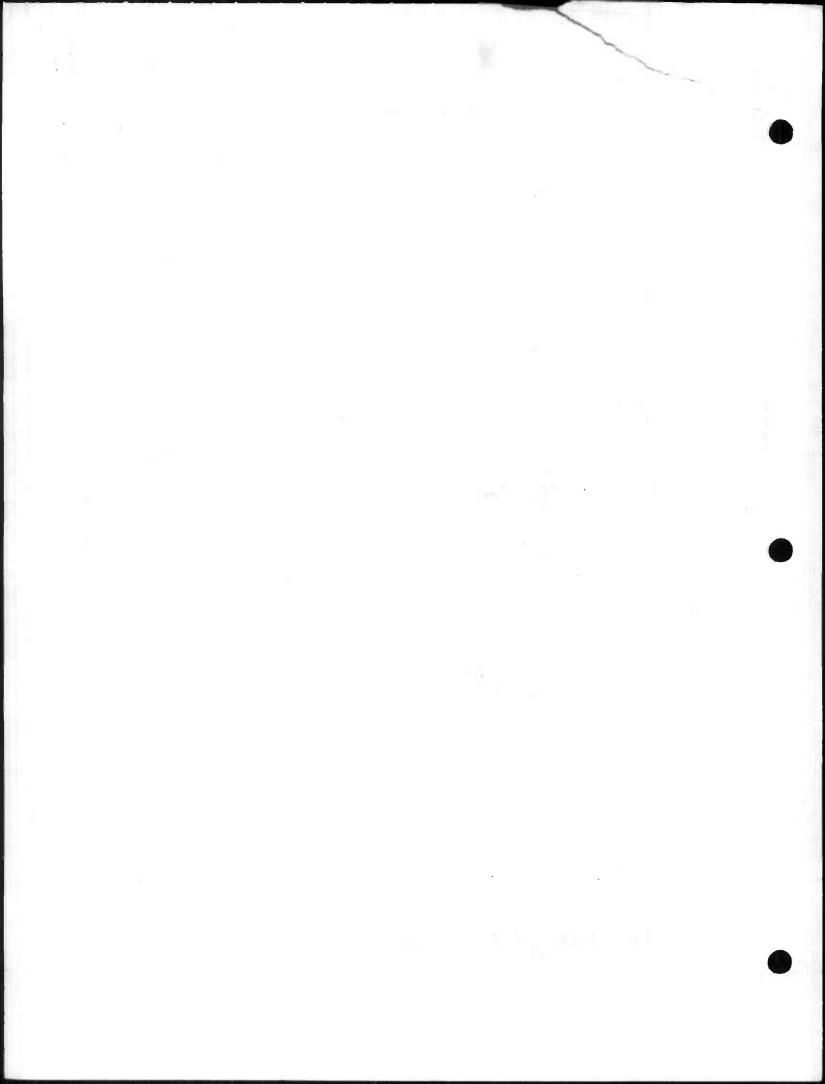
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

-)	1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH A			
	1. DECEDENT'S NAME (First, Middle, Last)	JEAN CONST	ANCE AGNE	J	2. DATE OF DEATN		3. TIME OF DEATN
	Jean C	. Agnew			February	07 19	96 9:55 AM
				UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF BIRTN	8.	BIRTNPLACE (State or Foreign
1	151-01-7472  9a. FACILITY NAME (If not institution, give stree		/ YRS.		June 23, 1	918	New Jersey
~		,	1	C 1 7 - L		9c. COUNTY	
DIRECTOR	W1COM1CO	<u>Nursing</u> Ho	ome	Salisbur	у	Wic	comico
E	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY
100	Maryland Wicom	nico	Sa	alisbury			LIMITS?
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	808-H College Lan	ne.		2180	1	USA	
S		12. WAS DECEDENT EVER IN	N U.S. ARMED		NISPANIC ORIGIN? (Specify	Yes or No — 14.	RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			Mexican, Puerto Rican, atc.)		Black, White, etc. Specify:
B⊀	3 Widowed 4 Divorced			1 123 2 23 110	Specify.		White
ED	15. DECEDENT'S EDUCA' (Specify only highest grade co		16a. DECEDENT'S US	JAL OCCUPATION	16b. KIND OF	BUSINESS/INDUS	
E.		College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)			
AP.	11	0	Housewife	2	Dome	stic	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			18. MOTNER	R'S NAME (First, Middle, Mail	ion Surname)	
BE	Walter U	Jdowski		Mic	haline	(unk	nown)
TO B	19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number or			
F	Adrienne Agnew	(I-pr	710 C	ollege Lane,	Apt. 4, Sa	lisbury,	,MD 21801
	20a. METNOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remove		PLACE AND DATE OF		DATE 20c.	LOCATION — City	or Town, State
- 1	4 Donation 5 Other (Specify)		netery, crematory or other Wicomico Mem		2/10 S	alisbur	y,MD
	21. SIGNATURE OF FUNERAL SERVICE-LICE	SEE		22. NAME AND ADDRESS			
	<b>A</b>	10000	· Mar		y Funeral H		MD 01001
	23. PART I. Enter the diseases, or co	mplications that cause		enter the mode of dying	W HIII KQ.,	Sallsot	nry,MD 21801
	shock, or heert fellure. Li	ist only one ceuse on e	ach line.				Interval Between
	IMMEDIATE CAUSE (Final disease or condition	+ 00	MINE	1 VNEL	no nil		Onset and Death
	resulting in deeth) e.	DUE TO OR AS	CONSEQUENCE OF:	m-Pe	100 71.0		000
_		and	2. RBti	m-12	6 LUBS	2	
ō	Sequentially list conditions, b.	DUE TO (ORAS A	CONSEQUENCE OF):	1-	/		
¥	If any, leading to immediate cause. Enter UNDERLYING	20.	2-1	2.			
CERTIFICATION	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):				
F	reaulting in death) LAST						ļ
B	0.						
AL	PART II Other algnificent conditions					AN AUTOPSY ORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
음	Coronau	ling	1	), to 135-	1 🗆 YES	2 X NO	COMPLETION DF CAUSE OF DEATH?
ME	1++n1A	1. 76	1-1-	Hon			1 Tes 2 No
z	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATH YES	☐ NO ☐ UNCE	RTAIN 🗆		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATN				
KSI		1 Inpatient 2 I ER/Out		THER: Nursing Home 5 🗆 Resid	dence a  Other (Specify)		
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY AT WORK?	28d. DESCRIBE NO	W INJURY OCCUP	ED
ВУ	1 X Natural 5 Pending 2 Accident Investigation			M 1 YES 2 1	40		
	3 Suicida a Could not be	28s. PLACE OF INJURY building, atc. (Spe-	/ — At home, farm, stre	et, factory, office	281. LOCATION (Str. City or Town, St		Rural Route Number,
ETE	4 Nomicide datermined						
7		IAN: To the beat of my know	rledge, death occurred a	it the time, data and place, a	nd due to the cause(s) and	manner sa stateu.	
OMPL	(Check only						ause(s) and manner as stated.
COMPLETED	(Check only				at the time, data and place	, and due to the c	
BE	(Check only one) 2 MEDICAL EXAMINER:			n my opinion, death occured	at the time, data and place	, and due to the c	Suse(s) and manner as stated.  IGNED (Month, Day, Year)
ш	(Check only one) 2 MEDICAL EXAMINER:	On the basis of examination	en and/or investigation,	n my opinion, death occured  29c. LICENS D 0 2	et the time, deta and place SE NUMBER 2026	and due to the c	

32 REGISTRAR'S SIGNATURE JULIA D'AWELLON RONDALL

0 9 1996



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)		OEITH TOATE OF BEATH				2. DATE OF DEATH 3. TIME OF					
	CHARI	LES W. A	DOLPHI			Feb. 16.	1996	6:30 pm M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER					IRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign						
	220-03-2915	12 M 2 🗆 F 📗 7	4 YRS.	ONTHS DAYS	HOURS MIN.	June 17.	Cou	ryland				
	Se. FACILITY NAME (If not institution, give s			b. CITY, TOWN (	OR LOCATION OF D		9c. COUNTY OF					
TO BE COMPLETED BY FUNERAL DIRECTOR	Soundside	Estatos		Dool	Island		Come					
	Soundside						1 301116	erset				
1 2			10c. CITY, T	OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?				
		erset			sland			1 TYES 2 NO				
A A	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
l E	Soundside	21821										
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 Never Married 2 Married IF YES 2 NO IF YES GIVE WAR OR DATES					NIC ORIGIN? (Specify 1 In, Puerto Rican, stc.)	fes or No — 14. RA Bit	14. RACE — American Indian, Black, White, atc.				
B	3 Widowed 4 Divorced		S 1 ☐ YES 2 ☐ NO Specify			Sp	Specify: White					
0	15. DECEDENT'S EDUC	ON .	16h KIND OF BURINESS (INDUSTRY									
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life. Do NOT use n	done during mo etired.)	st of working							
I I	9		Custo	dian		Howar	d Count	v Schools				
O O	17. FATHER'S NAME (First, Middle, Last)		00.500	4.011	18. MOTHER'S NA	ME (First, Middle, Maide		A OCHOOTS				
	Charles P /	Adolphi			Edwin	a E. Pet	ticord					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or To						
ř	Mr. Michael P	_Adolphi	9 Glei	hoowe	Ave C	atonsvil	le Md	21220				
	20a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remo	206	PLACE AND DATE OF	DISPOSITION (Na			OCATION - City or	Town, Stata				
	4 Donation 5 Other (Specify)	I L	orraine Co	emetery		Ba1	timore.	re, Maryland				
	21, SIGNATURE OF UNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA	CILITY						
	Hinman Funeral Home 11673 Somerset Ave. Pr. Anne. Md. 21853											
	23. BAST I, Entar the diseases, Dr o	omplications that cause	d tha death. Do not	entar the mo	da of dying, suc	SET AVE.	Pr. Anne.	Md. 21853				
1	ahock, or heart feilure.	List Dnly Dne ceuse Dn e	ach line.		, , , , , , , , , , , , , , , , , , , ,			intarval Between Onset and Deeth				
	disease pr condition							2 4 com				
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):										
z	nu escapa de secución	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Security Oppression  Puronery 1.6 rossid - 2 year  Recurry Oppression  Security Oppressi										
[일	Sequentially list conditiona, if any, laading to immediata	DUE TO (OR AS A CONSEQUENCE OF):										
2	CAUSE (Disesse or injury											
발	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION		d										
AL.	PART II. Other significent condition	s contributing to death b	ut not reaulting in t	ha underlying	g cause givan in			16. WERE AUTOPSY FINDINGS				
	PERFORMED?    1   YES 2   NO   OF DEATH?											
MEDIC							26	OF DEATH?				
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	F DEATH YES		UNCERTAI	N D						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
Si	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outs	estient 3 DOA 4	THER:  Nursing Hom	5 Masidenca	6 Other (Specify)						
[ E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT RK?	28d. DESCRIBE HOW	INJURY OCCURED					
BY	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 N				0						
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, stc. (Spec	— At home, farm, stree	et, factory, office		28f. LOCATION (Stree City or Town, Stat		or Rural Route Number,				
	4   Homicide determined											
COMPLETED	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred a	t the time, data	and place, and due	to the cause(s) and m	enner as stated.					
8	0/16) 2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation, i	n my opinion, d	esth occured at the	time, data and place,	and due to the cause	(s) and manner as stated.				
l w l	296. SIGNATURE AND TITLE OF CERTIFIER		E. CROUCH	145	29c. LICENSE NUI		29d. DATE SIGNE	ED (Month, Day, Year)				
0	Masse	7596										
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	AIN ITEMP TO TAPE PO				1					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (1909, Print)  105 PINE BLUFF RD.  31. DATE-FILED (MONRO-DRUFF) (1.1. BALLES 1504), MD 21801-7198											
	*FEB 2 (1996 a) July	d Paris and The State	ATURE									
. 1	1 200 0 1000							1				

310.  executed within

Amended item #4 per F.D. 2/23/96 Carroll CO. P.L.C.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO. CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR Russell Frank Abbott 0718 AM FE B 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS Maryland 1 60 M 2 | F <del>20</del>-4408 YRS. 212-55 Dec. 01, 1940 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County General Hospital Westminster Carroll 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Carroll permit. Maryland New Windsor 1 TES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the funeral director, page 5 should be detached for use as the burial-transit 1316 Old New Windsor Rd. 21776 United States Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried 2 X NO BY 1 TYES 2 X NO Specify: Specify: 3 Wildowed 4 N Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
iffe. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com Elementary/Secondary (0-12) College (1-4 or 5 +) 9 Disabled Construction 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William Russell Abbott Helen Irene Spencer 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Douglas Abbott 2632 #2 Hoffman Mill Rd., Hampstead, MD 21074 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 02/20/96 20c. LOCATION -- City or Town, State must Westminster Cemetery 4 Donation 5 Other (Specify) Westminster, MD medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS FUTTER AL Home & Chapel hours after death. 412 Washington Rd., Westminster, MD 21157 Katherine Sucitur and completely filled in by burial, cremation, or remo 23. PART i. Enter the diseases, or complications that cauded the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, Approximate shock, or heert failure. List only one ceuse on each line. Interval\_Between **IMMEDIATE CAUSE (Final** and Death the disease or condition Cardiac arrhythmia resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) Dilated cardiomyopathy traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician. Health and Mental Hygiene prior to CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 X YES 2 NO 1 YES 2 NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN oPHYSICIAN: . OR ATTENDING PHYSICIAN: The law of DIRECTOR: After this certificate has be hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 □ Inpetient 2 X ER/Outpetient 3 □ DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) with t marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 09 8 Could not be COMPLETED 4 Homicide 28 29s. CERTIFIER I NO DESTRIPTING PHYSICIAN: To the esset of by knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. FUNERAL I HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 for investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) end manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 17 Feb. 96 D05905 9 D. Carroll County General Hospital Memorial Ave. Westm. MD

M.D.

GISTRAR'S SIGNATURE

fulla d'author Randall

Richard A. Jones,

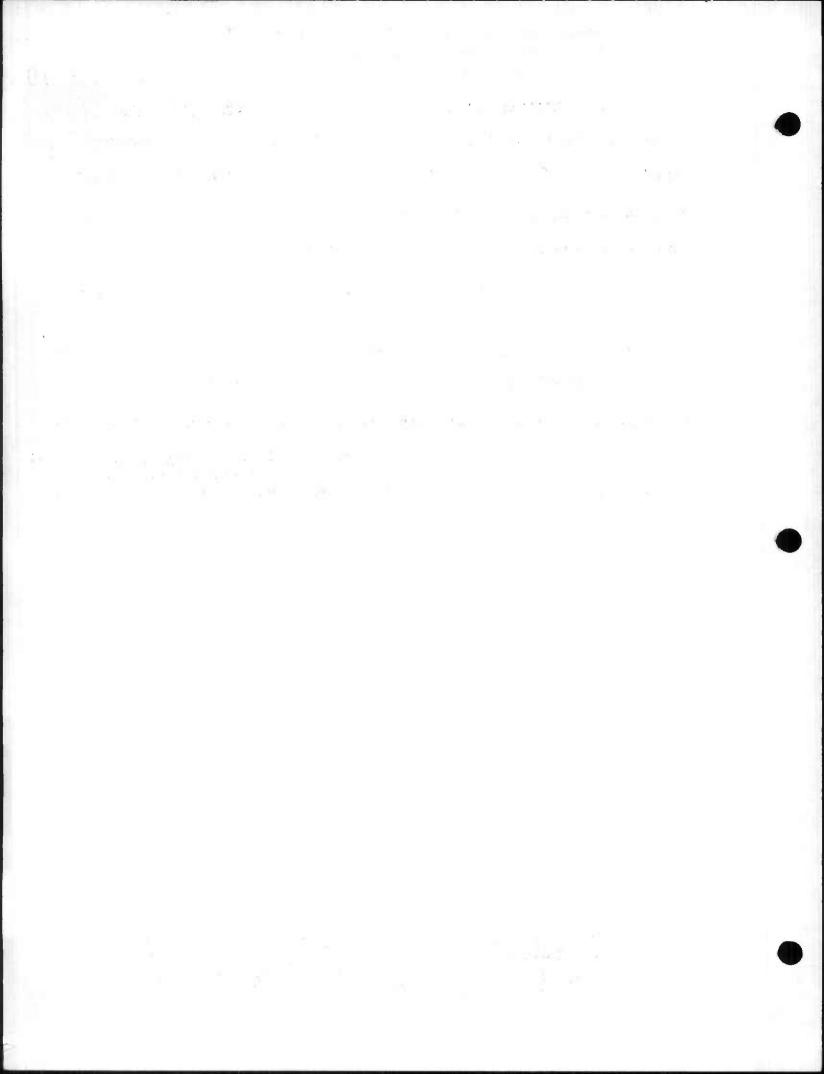
FEB 2 0 1996

31. DATE FILED (Month, Day, Year)

Coa a s

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				•	partment of I <i>ertificate of</i>		, ,	eg. No.	96	0577	
Physician /Medical		Decedent's Neme (First, Middle, Last)					2. Date of Dea		Year	3. Time of Death	
		James W		LEN, III		At Oh Town	FEB	17	96	513 p	
Examir	ner	4a. Facility Name (If not institution, glassing ton Country)		1		4b. City, Town, or Location of Death Hagerstown  4c. County of Death Washington				On	
Funeral				(In yrs. last birtho	(ey) If Under 1 Yeer	If Under 24 H	rs. 8. Date of Birth				
Director		218-40-3716 Usual Residence of Decedent	IXM 2□ F 51 Yrs. Months Day			Houra Mi	May 3,	orth ey, Year) 9. Birthplaca (State or Fond Country) 1944 Maryland			
H show	tor	10a. State 10b. County 10c. City, Town or Location  Maryland Washington Hagerstown						10d. Inside City Limi			
o	il Direc	10e. Street and Number 10f. Zi 559 Jefferson Street			10f. Zip Code	code 10g. 21740			g. Citizen of What Country? U.S.A.		
	by Funeral Director	11. Marital Stetus  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. Wes Decede Armed Force 1 Yes 2 If Yes, Give Year or Date		ever in U,S.	13. Was Decedent of h If Yes, specify Cub 1 ☐ Yes 2 No		(Specify Yes or No- erto Rican, etc.)	14. Race - American Indian, Bleck, White, etc. Specify: White			
n 'natural', or	Completed	15. Decedent's Education (Specify only highest grede completed)		(C	16a. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)			g 18b. Kind of Buainess/Industry			
tal Hygiene. d other than event, the Me	Eo	Eiementary/Secondary (0-12) College		1ayman			truck r		manufacture		
d off	To Be C	17. Father's Name (First, Middle, Last)  18. Mother's Name (First, Middle, Last)					eme (First, Middle, Evelyn	(First, Middle, Maiden Sumeme) velyn			
ls marke	-	19a. Informant's Name/Relationship	Type, Print)	19b. N	lailing Address (Street	t end Number or	Rural Route Numbe	. City or Town,	Stete, Zip	Code)	
Department of Heath e Important: If frem 27 is any injury or other tra		20a. Method of Disposition  1 Burial 2 (ACremation 3 Remove) from State 4 Donation 5 Other (Specify)  20b. Place of Disposition (Neme of cemetery, cremetory or other place)  Hagerstown Crematory 2-21-96  21. Signeture of Funeral Service Licensee  22. Name and Address of Facility  Minnich Funeral Home  415 E. Wilson Blvd., Hagerstown, Maryland 21  23a. Part 1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate									
hysician /Medical :xaminer	her	Immediate Cause (Final disease or condition resulting in death)  a. PCUTE W70 CAYLIA / In faction  Due to (or as a consequence of):  b. ATHEVE Sclevet Descuse							<	Interval Between Onset and Death	
ettending physician and 1 for use as the buriel-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last  Due to (or es a consequenca of):  Cause (Disease or injury that initiated events resulting in deeth) Last						712			
gned by the	Physician/M							Did tobacco use contribute to the causa of dec			
	Completed by						24a. Was a perfor		avs cor	ere autopsy findinaliable prior to mpletion of cause death?	
ate he	Com						1 🗆 Y	es 2 No	1□	Yes 2 No	
is certificate director, peg	Be	25. Was case referred to medical examiner?	Managar I		1 12 10		eath (Check only or	19)			
this	10	1 ☐ Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)									
eeth. or: After the fune	Certification:	Noterial 5 □ Pending (Month, Dey Year) Injury  2 □ Accident investigation  3 □ Suicide 6 □ Could not be 28e. Place of Injury - At home, farm.			ry Work?  M 1 □ Yes 2 □ No  street, factory, office 28f. Location (S			Street and Number or Rural Route Number,			
within 24 hours effer d To the Funeral Direct completely filled in by	-	building, etc. (Specify)  29a. Certifier  11 Cartifying Physician: To the best of my knowledge, death occurred at the time					City or Town, Stete)  me, date and place, and due to the ceuse(s) and manner as stated.				
n 24 l	edica	(Check only and memory)  Check only and memory as manufactured at the time, date and place, and due to the cause(s) and manufactured at the time, date and place, and due to the cause(s) and memory stated.  Check only and memory stated.									
within 2 To the comple	Me	700				11266 Pably  Haperton, lad			d (Month, I	Pey. Year)	
	1	30. Name and address of person who	completed cause of de	ath (Item 23a) (Tv			1	,	,	-	



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

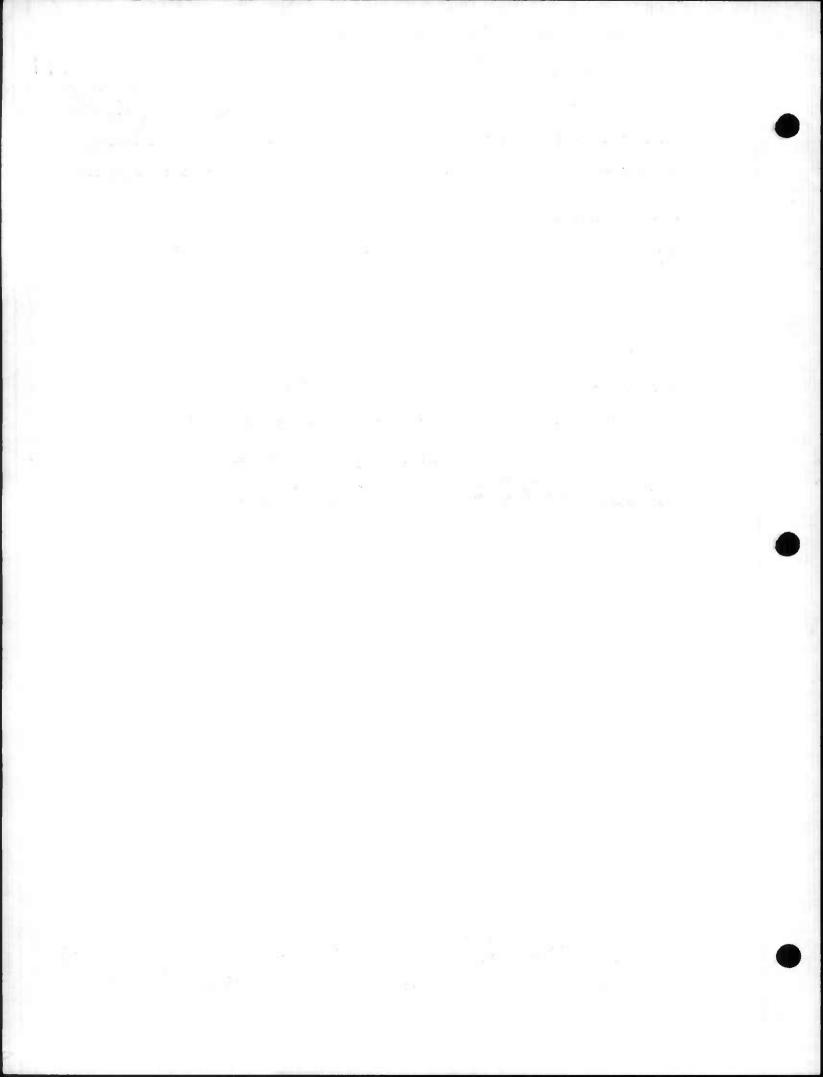
State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Vear **Physician** Edwina Swain ANDERSON Feb 10:15 Am 1996 ilo /Medical 4a. Fscility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Washington County Hospital Hagerstown Washington Hours Min. 8. Dete of Birth (Month, Dey, Year)

Dec. 13, 1919 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Deys 1□M 2♥F 213-18-8289 76 Yrs **Director** Maryland Usual Residence of Decedent with the Maryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examinat must be notified at some. 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland | Washington Williamsport 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 9010 Downsville Pike 21795 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 No If Yes, Give Maryland 21215-0020 1 Yes 2 No Specify: ģ Specify: White 3 ₩ Widowed 4 Divorced Yeer or Detes: Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Housewife Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Elmer Lester Swain Lola (Nmi) Ridenour 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 9018 Downsville Pike Williamsport, MD 21795 Glen A. Anderson Baltimore. 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Greenlawn Mem.Park Feb.20,1996 Williamsport, Maryland 21. Signature of Funeral Service Licenses OSborne Funeral Home 425 S.Conococheague St. Williamsport, MD 21795 Pert1. Enter the deese, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart dearn. List only one cause on each line. Approximete interval Betw **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) bloodi (Right prietal) /Medical BURYS Examiner Examiner The law requires that the death certificate be executed burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Box 68760, physiciar Physician/Medical the Due to (or es e consequence of) for use signed by the at d be detached for Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.0. 1 □ Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy tindings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 1 ☐ Yes NO 1 ☐ Yes 2 ☐ No certificate Hospital or Attanding Physician: funeral director, Be 25. Wes case reterred to medical examiner? 26. Piece of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 inpatient 2 ER/Outpetient 3 DOA this 28a. Date of injury (Month, Dey Year) 27. Menper of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of After 1 Neturei 5 Pending 2 Accident death. investigation 1 Yes 2 No To the Hospital or Attankithin 24 hours after deat To the Funeral Director: 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, term, street, tectory, office building, etc. (Specify) filled in by 4 | Homicide 29e. Certifier 1 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, dete end plece, and due to the ceuse(s) end menner as steted. Medicai Medical Examiner: On the besis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. completely 29d. Dete signed (Month, Day, Yeer) 29b. Signeture end title of certifie 29c. License number ted cause of deeth (item 23e) (Type, Print) Northern Av 580

DHMH 16 Rev 6/95

State Registrar 31 Date tiled (Month-Days, Year)

321 Registrar's Signature



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** HALLER LOIS ADAMS 1996 16 7:00 Am February /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner PRINCE GEORGES If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | 9. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sierce Month) | 19. Birthplace (Sier Temple Hills 2339 Iverson Street 5. Social Security Number 7. Age (In yrs. last birthdey) **Funeral** 578-34-8714 1 □ M 200 Months Yrs Director Usuei Residence of Deceden the Maryland 10b. County 10a. State 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Prince 1 ☐ Yes 2 No Director Maryland Temple Hills George's 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2339 Iverson Street 20748 U.S.A. Funeral deeth 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specity Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritei Stetus 14. Reca - American Indian, Black, White, etc. filed within 72 hours after thygiene. 1 ☐ Yes 2 ☐ No If Yes, Give 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify by 3 ☐ Widowed 4 ☒ Divorced Yeer or Detes: Caucasian Completed 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Public Information Officer U. S. Government 12th permit. Peges 1 end 2 should be filed v Depertment of Heelth and Mental Hygis Important: If itam 27 is marked other t 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Edna Hayden Haller 2 Ernest Roy 19e. informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) (Son) 3610 Mt. Ash Ct. Waldorf, Md 20602 Rodney Adams 20e. Method of Disposition

1 Deurlal 2 Cremation 3 Removel from Stete 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) Dete 20c. Location - City or Town, Stete Cedar Hill Cemetery Feb. 21,1996 4 ☐ Donetion 5 ☐ Other (Specify) Suitland Maryland 21. Signeture of Funerei Service Limi 22. Name and Address of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md 20735 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervsi Between Onset and Deeth Physician /Medical immediete Ceuse (Finei · GENERALIZED ATherosclerotic Candio-VASCULAR DISEASE diseese or condition resulting in deeth) YEARS Examiner Due to (or es e consequence of): Examiner The law requires that the death certificete be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest and Due to (or es e consequence of): physician ar P.O. Box 68760, Physician/Medical Due to (or es e consequence of) attending for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. been signed by the s should be detached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 ☐ Unknown Chamic Bronclutis, Sepsis Division of Vital Records, þ 24b. Were eutopsy findings avellable prior to Completed 24e. Wes an autopsy performed? completion of cause of death? r this certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
 A hours after death.
 Funeral Director: After this certifical etaly filled in by the funeral director. Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Neturei 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 D Homicide To the Hospital or within 24 hours aft To the Funeral DI completaly filled in Medical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and placa, end due to the cause(s) end menner es steted. 2 Madical Examiner: On the best of my knowledge, deem occurred at the time, dete and place, and due to the cause(s) and memors steed.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and memors steed. (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Freger MD February 17, 1996 30. Neme end eddress of person who completed cause of deeth (item 23e) (Type, Print) 7720 WISCONSIN AVE BeThesda, Md 20814 J. BERGER #205 31. Date filed (Month, Dey, Year) 32. Registrer's Signeture State alia Studeon Reveall FEB 21 Registrar

DHMH 16 Ray 6/95

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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** Month ARRINGTON HELEN 17,1996 February /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death **Examiner** Camp Springs Paince
| If Undar 24 Brs. | 8. Data of Birth | Month Day | Year | April 5,1908 Prince bearge's Malcolm Grow Hospital AAFB If Undar 1 Yaar 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** 1 M 2 X Days Washington DC Yrs. Director 577-01-0573 permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Haalth and Mentel Hygiene. Important: if item 27 is marked other than "naturel", or hame nearly injury or other treumatic event. 10a. Stata 10b County 10c. City, Town or Location 10d. Insida City Limits Was 2□ No Director N/A N/A Washington D.C. 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? U.S.A. Funerai 1800 Branch Avenue S.E. 20020 12. Was Decedant Evar In U,S Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or Notif Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Yas 2 No If Yas, Giva X Yaar or Datas: 1 Navar Married 2 Married 1 ☐ Yas 2 ☐XNo Specify: þ Specify: Caucasian 3 □ Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Educetion (Specify only highast grada completad) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Cotlega (1-4or 5+) Chief Operator C & P Telephone 10th N/A 17. Father's Name (First, Middle Last) 18. Mothar's Name (First, Middla, Maidan Surnama) Be Kuhnert Thomas Mary Sadler P 19a. tnformant'a Name/Ratationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Audrey M. Sullivan/Niece 1800 Branch Ave. SE Washington, DC 20020 20b. Ptaca of Disposition (Nama of cematary, crematory or other place) February 21 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 □ Cramation 3 □ Ramovat from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 1996 Cedar Hill Cemetery Suitland, Maryland 21. Signatura of Funaral Sarvice Licenti 22. Nama and Addrass of Facility Lee Funeral Home, Inc. 23a. Part1. Entartha disease or complication that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart feilure. List *only* one cause on each line. 6633 Old Alexandria Ferry Rd Clinton, Md20735 Approximata tntarvat Batween Onsat and Death Physician /Medical Immediata Causa (Final diseese or condition rasulting to daath) . MYOCARDIAL N/hR INFARCTION Examine Examine b. CORONARY ARTERY

Dua to (or as a consequence of): DISEASE attending physicien and for use as the bunal-transit The lew requires that the death certificate be axecuted Sequentially list conditions, if any, taading to immadiata cause. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequance of): signed by the a Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown BOWEL OBSTRUCTION þ 24b. Wara sutopsy findings avaitable prior to completion of causa of deeth? 24a. Wes an autopsy performed? Completed Aftar this certificate hes funeral director, page 2 1 Yas 2 No 1 □ Yas 2 □ No Hospital or Attending Physicien: 24 hours efter death. Funeral Director: Affar this certifica stelly filled in by the funeral director, p 25. Was case refarred to medical Be 26. Place of Death (Check only ona) 1 Yas 2 No Hospitat: 1 ☐ Inpatiant 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Certification: To 28a. Data of Injury (Month, Dey Year) 27. Mannar of Death 28c. tnjury et Work? 28b. Tima of 28d. Dascribe how triury occurred 5 Pending Invastigation 1 Yas 2 No 2 Accidant To the Hospital or Atta within 24 hours efter de: To the Funeral Directo completely filled in by th 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28a. Place of tnjury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homtcida Medical 29a. Certifian 1 Certifying Phyaician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mennar as stated. (Check only one) 2 Medical Examtner: On the basis of exeminetion and/or invastigation, in my optition, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29c. Licansa number 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifiar SBuyer MD D25925 February 17, 1996 30. Nama and address of parson who complated causa of death (ttam 23a) (Type, Print) 7720 WISCONSIN AVE BeThesda, Md 20874 J. BERGER MD #205 31. Data filed (Month, Day, Yaar) 32. Ragistrar's Signatura State FEB 21 Talia Davidson Randall

**DHMH 16 Rev 6/95** 

Registrar

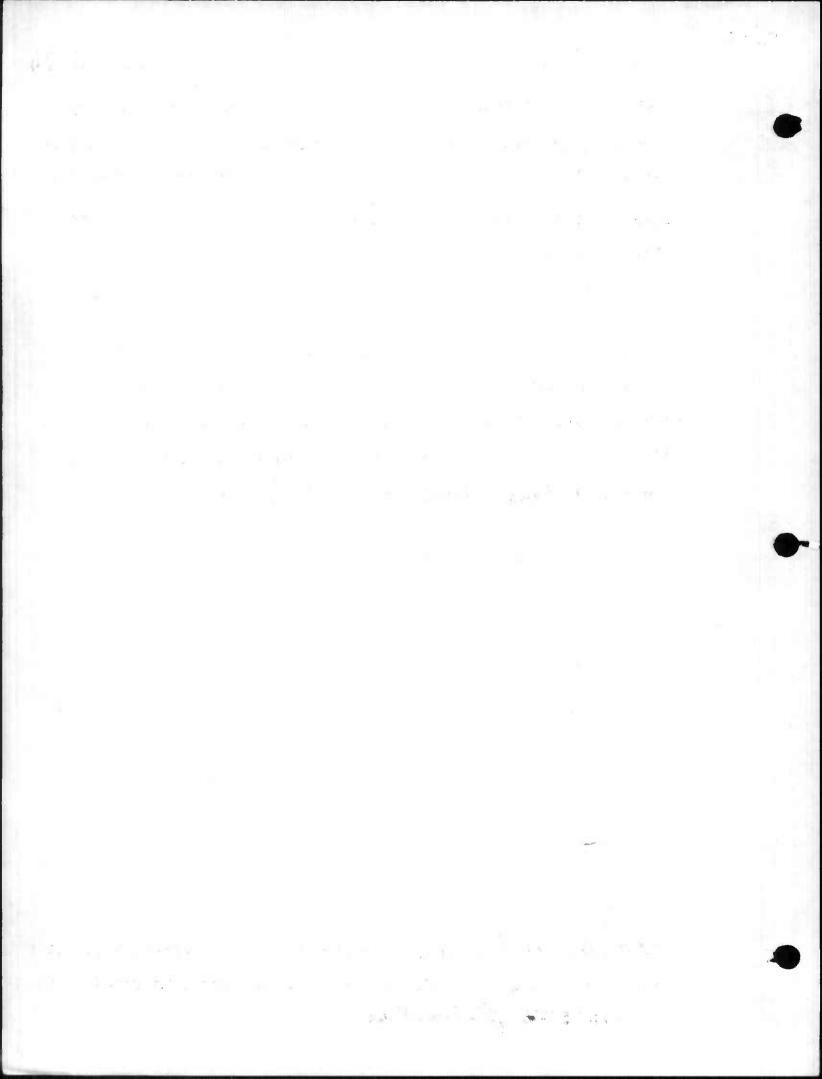
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P	er m	CO FILM 0-733 3/11/90		C	ertificate of	Death		Reg. No.	0	03/14	
Division		1. Decedant's Neme (First, Middla, La					2. Deta of De Month		Yaar	3. Time of Deeth	
Physi /Med		DARLENE	AL-AMIN				FEB.		1996	1244PM	
Exam		4a. Facility Neme (If not institution, gire	re street end number)			4b. City, Town, or Lo	cation of Deal	th 4c. County	of Deeth		
		PRINCE GEORGES		CENTE		CHEVERL			ICE (	GEORGES	
Funera Directo		216-96-7631	Sex 7. Age	(In yrs. lest birthde	Months Davi		8. Dete of Bi (Month, Di 2-16	rth ey, Year) 5-64	Cour	plece <i>(Stete or Foraig</i> ntry) nington	
pue *		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Town or	Location					10d. inside City Limits	
Aaryle f aho	5	Maryland Prince		. co. ony, rount of	Lando	ver	NOX es				
the h	ect	10e. Street and Number	cocorge		10f. Zip Code	VCI		10a Citizan of	What Cour		
23e or	Funeral Director	7711 Greymon	nt Street		101. Zip 000a	20785		10g. Citizen of Whet Countr			
r dec	la la	11. Marital Status	12. Was Decedent Example Forces?	var in U,S. 1	<ol> <li>Was Decedent of if Yes, specify Cu</li> </ol>	Hispanic Origin? (Spe ban, Mexican, Puarto	ecify Yas or No Rican, atc.)	0- 14. Rac	e - Amaric	can Indian,	
be filed within 72 hours efter deeth with the Maryland lat hygiene. d other than "natural", or items 23s or 28s-f show event, for Medical Exerciper must be noutled at	þ	1 Navar Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yeer or Datas:		1□ Yes 2XIX			y: B1a			
d within 72 hours of giene. r than "natural", or . Ir Medical Exert	Completed	15. Decedent's E (Specify only highest gro	ducation	16a. De	cedent's Usuei Occu	upation	Ina	16b. Kind of B	usiness/In	dustry	
ithin 19.	npie	Elementery/Secondery (0-12)	College (1-4or 5+	·)		eduring most of worki	rig	Т			
ygier ygier rt, m	Co	10th			Secr	etary			riva	ite	
d 2 should be file th end Mental Hy 7 Is marked othe traumatic svent	To Be	17. Fether's Neme (First, Middle, Last David Ham:				18. Mothar's Neme		Brunda			
ges 1 and 2 should be filed within 72 hours efter deeth with the Manylan it of Health and Mantal Hygiene. If them 27 is marked other then "natural", or frems 23a or 28a-f ahow or other traumatic svent, the Mexical Examine		19e. Informent's Neme/Rejetionship ( Delores Hamil				mont Stre					
permit. Peges 1 end 2 shouid be filed withir Deportment of Health end Mental Hygiene. Important: If Item 27 is marked other then any Injury or other traumatic svent, the Me		20e. Method of Disposition  **D**Buriel 2 Cremetion 3 C 4 Donation 5 Other (Special		cemetery, c	sposition (Neme of rametory or other pl	ial Park	Dete 2/20	20c. Location			
permit. Depertri		21. Signeture of Funeral Service Lice	Busca T	Tonic	22. Name end Addi J. B. 6	ress of Facility Jenkins Handover H	Eunera	1 Home	MI	20795	
_		23e. Pert1. Entar the diseesa, or com shock, or heert feilure. List only	plicetions thet causad t	ha daath. Do not e					, MI	Approximete finterval Between	
The law requires that the deeth certificate be executed ate hes been signed by the attending physician and page 2 should be detached for use as the burial-transit	Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last	c	ue to (or es e cons					1		
attending p		L	d								
res that the de signed by the a	by Physician	Pert ii. Other significant conditions of DIABETES, HYPERTENS	23b. Did tobacco use contribute to the cause of 1 Yes 2 No 3 Probably 4								
s been sig 2 should b	Completed b						24a. Was	s en autopsy ormed?	ev	ere eutopsy findings vallebla prior to empletion of causa deeth?	
The law ate hes page 2	Eo						11/	Yes 2□No	11	Yes 2□ No	
	Be	25. Wes case referred to medical				26. Piece of Deeth	(Check only	one)			
Physician: this certific ral director,	To E	examinar? 1XXes 2□ No	Hospitei:	ER/Outpet	lent 3 DOA	ther		Idence 6 □Oth	ar (Specit	(v)	
After fune		27. Menner of Deeth  1. Weturai  2 Accident	28a. Dete of injury (Month, Dey	Year) 28b. Time	/ Wo			how injury occur			
or Attendir after death. Director: A	Certification:	3 Suicide 6 Could not be determined	e 28e. Pieca of injuribuilding, etc.	y - At home, ferm, (Specify)	etreet, fectory, office			(Street end Numb wn, Stete)	er or Rura	al Route Number,	
To the Hospital or / within 24 hours after To the Funeral Direct completely filled in b	edicai C	29e. Certifier 1 Certifying Ph (Check only one) 1 XMedical Exar	ysician: To the best of nfner: On the basis of e end menner stete	xaminetion and/or	eth occurred at the t investigation, in my	ime, date end piece, e opinion, deeth occurre	and due to the ed at the time,	cause(s) end me date and pleca,	anner as s	lated. the cause(s)	
within 2 To the comple	Me	29b. Signature and little of certifier	. 11	,	29c. Licer	sa number		29d. Dete signe	d (Month,	Dey, Year)	
,		Therene	M. Kno	no)	0.C.	M.E		FEBRU	ARY	13, 1996	
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S <sup>.</sup> Regis	tate trar	31. Data filed (Month, Dey, Year) FFB 15	1996 Suit	's Signeture	ardall						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	<b>HEALTH</b>	AND	MENTAL	HYGIENE
		C	ERTIFICATE	O	F DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		NTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME OF DEATH				
ľ	Margaret Russell I	Buchanan			F	ebruary 1		0950 A M				
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign				
	219-05-4736 1 9s. FACILITY NAME (If not institution, give street	M 2 X F 81	YRS.	9b. CITY, TOWN (	HOURS MIN. A	pril 9, 1	914 Mar	yland				
FUNERAL DIRECTOR	3 Clearview Avenue	,	town		Cecil							
EC	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	TON		10d. INSIDE CITY					
5	Maryland Cecil		Cha	arlestow	n			LIMITS?				
AL	10e, STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
EB	3 Clearview Avenue			2	1914		United	States				
5		2. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No — 14. RA	CE — American Indian,				
84	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		t 🗌 YES	2 NO Specify:	anto inoun, atoly		ectly:				
	15, DECEDENT'S EDUCAT	ION	16a. DECEDENT'S I	USUAL OCCUPATION	DN	165 KIND OF BUIL	SINESS/INDUSTRY	White				
	(Specify only highest grade con	npleted)	(Give kind of w life. Do NOT use	ork done during mo	st of working	160. KIND OF BOX	31142337114003141					
3	12	College (1-4 or 5+)	Homemak	cer		Her own	home					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Tromomer.		18. MOTHER'S NAME							
BEC	Everett V. Russell	L			Clive Box	ulden		1112				
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural Rout	te Number, City or Tow	n, State, Zip Code)					
2	Gloria M. Algard		2377 T	urkey P	oint Road,	North Ea	ast, Mar	yland 21901				
	20a, METHOD OF DISPOSITION		PLACE AND DATE O		ime of	DATE 20c. LO	CATION — City or	Town, Stata				
	4 🗆 Donation 5 🗆 Other (Specify)	7 7Ba	y View (	Cemetery		2/17 Bay	View, M	Maryland				
	21. SIGNATURE OF POMERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Crouch Funeral Home											
	1/1/bant	-Cler	~				North Ea	st, MD 21901				
	23. PART I. Enter the diseases, or con ehock, or heart fallure. Lis	applications that caused	the death Do n					Approximata Interval Between				
	IMMEDIATE CAUSE (Final disease or condition											
	reaulting in deeth) a	DUE TO (OR AS A	CONSEQUENCE OF	):				17-91-				
z		CHI	C					6 rests				
일	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	7:	D =			6 rests				
S	CAUSE (Disease or Injury	14/0/			P. E.			6 MONE				
	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7:								
CERTIFICATION	d											
AL 0	PART II. Other aignificant conditions of	contributing to deeth bu	it not reaulting i	n the underlyin	g cause given in Pa			4b. WERE AUTOPSY FINDINGS				
5	Kecwent	UTI				PERFOI		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Ä							X	1 YES 2 NO				
ž	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF	F DEATH YE	S X NO [	UNCERTAIN							
ĕ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	8. PLACE OF DEAT									
YSI	1 YES 2 ND 1	☐ Inpetient 2 ☐ ER/Outpe	itlant 3 🗆 DOA	OTHER: 4 - Nursing Hor	ne 5 Reeldence e	Other (Specify)						
PHYSICIAN: MEDIC	27, MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	ORK?	8d. DESCRIBE HOW	NJURY OCCURED					
BY	2 Accident Investigation				YES 2 NO							
03	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	At nome, tarm, s fy)	treat, factory, offic	21	BI. LOCATION (Street City or Town, State)		I Route Number,				
COMPLETED	29a. CERTIFIER											
MP	(Check only 1 DE CERTIFYING PHYSICIA	AN: To the best of my knowle										
8	2 MEDICAL EXAMINER:	On the basis of exemination	and/or investigatio	n, in my opinion,	feath occured at the tim	ie, data and placa, a	nd due to the caus	e(a) and manner as stated.				
#4	256 BIGNATURE AND TITLE OF CERTIFIER	1/18			29c. LICENSE NUMBE	_		ED (Month, Day, Year)				
0	30. NAME AND ADDRESS OF PERSON WHO	1 /U)	TH STEM OF ST	(Defeat)	03351	<u> </u>	2-	14-96				
	Lite 32 Pepu				1970							
	31. DATE FILED (Month. Day, Year)	32. REGISTRAR'S SIGNA	64560	ال الما	1410							
		hi Davidson Ra	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
	7 3330	AN WHOMANINA	od all					OHMH 10 Pay 1000				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directic, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIE	NE	0 03/16				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	JOHN K	. BERGEN S	R.			JAN.	20th.1	996 3:30 pm				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)				
	060-14-8432  De. FACILITY NAME (If not institution, give str	1 M 2 F	100 YRS.	MONTHS DAYS	OR LOCATION OF D	April 7	,1895	New York				
OR	Magnolia Hall 1		me		stertow			ent				
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		T <sub>ab</sub> , an									
DIRECTOR		Kent		ry, town on Loca Vorton	IION			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 X NO				
A A	10e. STREET AND NUMBER				I. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?				
FUNERAL	24430 Smithvil:	le Rd.			21678		U	ISA				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	N U.S. ARMED			NIC ORIGIN? (Specify	Yea or No- 14	I. RACE — American Indian, Black, White, etc.				
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		3 2 XNO Speci	nn, Puerto Ricen, etc.) fy:		Specify:				
	15. DECEDENT'S EDUC	WW I 1918		1	<b>A</b> W	T		White				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Farming  17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Maiden Surname)											
PL	8	College (1-4 or 5+)	Fai	ming		A	gricul	ture				
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maid	_					
BE C	Gilbert Schene	ck Bergen			Jane	Maria G	ılick					
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING			Route Number, City or 1						
F	John K. Bergen	Jr.	24430	) Smith	ville,	Rd. Wor	ton, M	ld. 21678				
	20a. METHOD OF DISPOSITION  1X Burlal 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	val from State Cap	PLACE AND DATE	OF DISPOSITION (A	ame of	OATE 20c.	LOCATION — CIT	y or Yown, State lestertown, Md				
	21. SIGNATURE OF FUNERAL SERVICE LICE		L. Pau.	22 NAME A	ND ADDRESS OF FA	an Zala	96, Cn	estertown, Mo				
	▶ William L. Kir	ng Jr Dayo	42	7 Fe11	ows - W	lells Fu	neral	Home , Md. 21620				
	23. PART i. Entar the diseases, or co	omplications that cause	d the death. To	not entar the m	oda of dying, suc	ch as cardiac or rec	piratory arres	t, Approximate				
	IMMEDIATE CAUSE (Final	set only one coasa on e	eon-yne.					Interval Between Onset and Death				
	resulting in death)  a. Semble Dementic											
		DUE TO (OR AS A	CONSEDUENCE C	IF):		-						
CERTIFICATION	Sequentially list conditions,	DUE TO (DR AS (	CONSEDUENCE D	FI:								
E I	if any, leading to immediate cause. Enter UNDERLYING	202 10 (21) 10	OUNDED DE NOE D	• /-								
臣	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A	CONSEDUENCE D	F):								
F	resulting in death) LAST	Ç										
2	PART II. Other algolficent conditions	contribution to death to	urt mat manufalma	In the contral de		B-41						
18	001114	DR 15.	S /	In the underlyin	g cause given in	Part I. 24a. WAS /	ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDIC	0 /1 /	- Mid son	2	rime		1 🗆 YES	2 14 NO	OF DEATH?				
Σ	DID TOBACCO USE CONTR	IBLITE TO CALISE C	E DEATH V	ES TI NO F	LINICEDTAL			1 TES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA			и Ц [						
SC	EXAMINER?	HOSPITAL:		OTHER:								
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY	26b, TIA	E OF 28c. IN	JURY AT	8 Other (Specify) 28d. DESCRIBE HOY	/ INJURY OCCUP	AEO				
ВУ Р	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		YES 2 NO							
ED B	3 Suicide 6 Could not be	28I. LOCATION (Street	t and Number or	Rural Route Number,								
	4 Homicide determined	building, atc. (Spec				City or Town, Sta	10)					
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	NAN: To the best of my know	ledge, death occurr	ed at the time, date	and place, and due	lo the cause(a) and n	enner sa stated.					
OM								cause(a) end manner ea stated.				
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)				
0 8	1611. Wu	~, M.s	0.		0213	13	1 1/	22/96				
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	. Arint)	11 11	11						
	KIN K. U	1UN, 2	23 4	igh.	t. Che	sterlow,	MB.	21620				
5	JAN 26 '96	32. REGISTRADES SIGN	Davidson-R	indelle								

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2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR BOONE FEBRUARYS 1556 2050 5. SEX 7. DATE OF BIRTH (Morth, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 17-58-6628 63 permit. Pages 1, 2. 3 should 9e. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY WICONICO 1 YES 2 NO FUNERAL STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE ELVINGTON AVENUE 21801 as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED 24 hours after death. Page 6 may be retained by the hospital or attending physician, 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. ORCES? 1 YES 2 YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY AFRO-AMERICAN 3 Wildowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade ve kind of work done Do NOT use retired.) Elementary/Secondary (0-12) ge (1-4 or 5 +) funeral director, page 5 should be detached for OMESTIC COMPL INKNOWN NESTIC at once. 17. FATHER'S NAME (First, Middle, Last) MOTHER'S NAME (First, Mid ACKSON BOONE be notified 198. WFORMANT'S NAME (Type/Print) Route Number, City or Town, State, Zip Code) 2 KELVINGTON BOONE OMA WHITE SAUSBURY, MD 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State
HEBRON, MD METHOD OF DISPOSITION 20e METHOD OF DISPOSITION

1 Duriel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) must examiner WILLIAMSON FLUHARTY FUN-SIC 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ISABELLA ST SAUSBURY, MD completely filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or Approximata ahock, or heart failure. List only one cause on each line. intarvai Between **Onset and Daeth** IMMEDIATE CAUSE (Fine) cremation, other traumatic event, the disease or condition CARDIAC ARREST 20-30 mi recuiting in dasth) executed within DUE TO (OR AS A CONSEQUENCE OF) burial, SCHAEMIC 5 YVS CARDIOMYOPATHY CERTIFICATION and Sequantially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if sny, leading to immediata cause. Enter UNDERLYING physician 3 ORONARY ARTS DISEASE 6 YVS ARTSRY certificate CAUSE (Disesse or injury that initiated events the attending p 5 YYS resulting in daeth) LAST HEART CONGESTIVE 6 the death injuny, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL of Health and N. AVAILABLE PRIOR TO INBULIN DEPSHOANT DIABETES that HYPERTENSION shows any COMPLETION OF CAUSE 1 TYES 2 NO DF DEATH? FAILURE 1 TYES 2 T NO рееп DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN I PHYSICIAN: this certificate has be with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one Hem EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH HOSPITAL: OTHER: PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Home 5 - Residence 6 - Other (Specify) 10 the 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Natural 5 Pending M 1 YES 2 NO BY Investigation OR ATTENDING FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 26e. PLACE OF INJURY - At home, ferm, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Sulcide 28 Is I 6 Could not be determined COMPLETED 4 | Homicide If Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and memor as stated. HOSPITAL MEDICAL EXAMINER: On the besis of exem death occured at the time, date end place, end due to the cause(s) end menner es stated. IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER THE P D42522 29d. DATE SIGNED (Month, Day, Year) BE elat MD 6 96 223 2 O COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) 30. NAME AND ADDRESS Dalal alisbm, mg 21801 614-0 Eastern MO 32 AGGISTRAR'S SIGNATURES 0 9 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

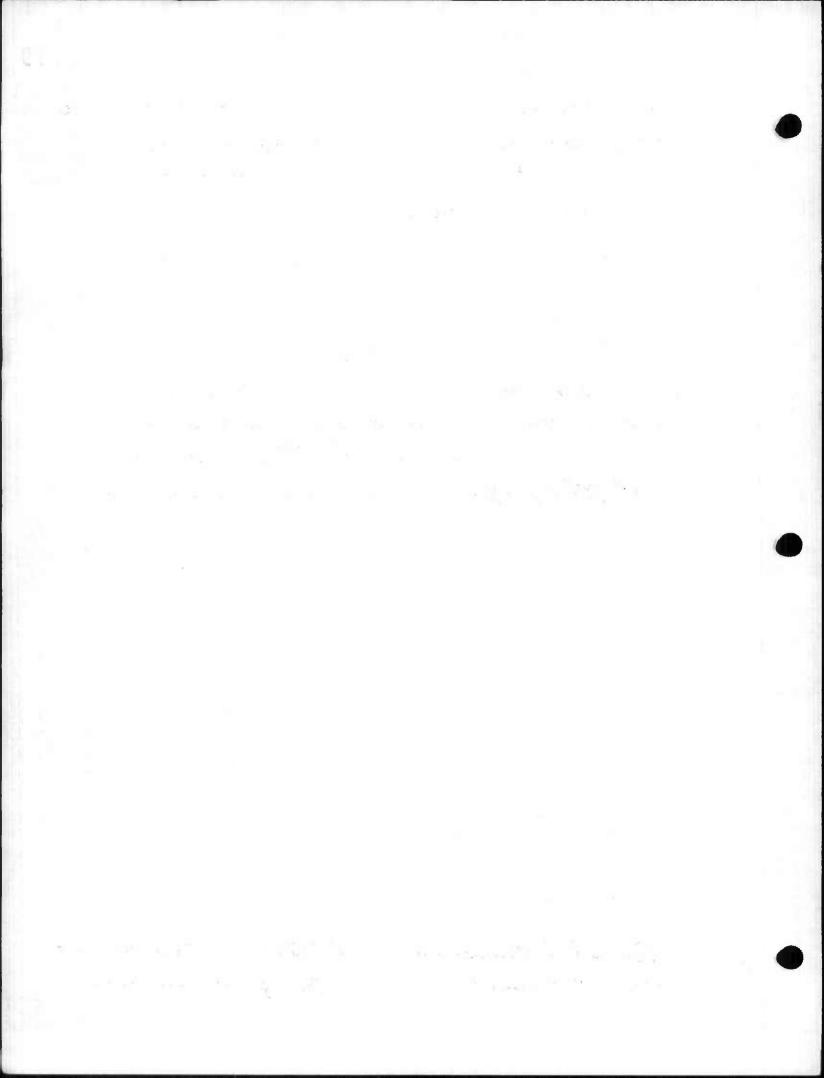
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be fleed within 72 hours after death with the State Deot. of Health and Mental Hudiene prior to burial commarism or removal	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certification be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, or

	1 - FOR STATE OF MARYLAND / DEPARE REGISTRAR CERTI	ARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Leat)  BERTHA DENNIS	Bishop	2. DATE OF DEATH MONTH DAY FEBRUARY 6, 19	YEAR 10:06 PM							
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. last birthda)  1  M 2  F 67  YRS.	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH / (Morth, Day, Ybar) 10-26-28	9. BIRTHPLACE (State or Foreign Country) SNOWHILL, MD.							
OR	99. FACILITY NAME (If not institution, give street end number) PENINSULA REGIONAL MEDICAL CENTER	96. CITY, TOWN OR LOCATION OF DE SALISBURY	eath 9c. could	est est est est est est est est est est							
DIRECTOR	10a. STATE 10b. COUNTY WORCESTER 10c. C	SNOW HILL		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	10e. STREET AND NUMBER 501 MAPLE AVE., #104	101. ZIP CODE 21863		EEN OF WHAT COUNTRY?							
₽	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yee, specify Cuban, Mexical 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: BLACK							
COMPLETED	(Specify only highest grade completed) (Give kind of	'S USUAL OCCUPATION of work done during most of working use retired.)	HOUSEKEEPER	ISTRY							
BE COM	17. FATHER'S NAME (First, Middle, Last) ORVIN DENNIS, SR.	18. MOTHER'S NAI	ME (First, Middle, Malden Sumame) VIOLA SCHOOLF	IELD							
TO E	190. INFORMANT'S NAME (Type/Print) OTIS BISHOP P. 0	NG ADDRESS (Street end Number or Rural F No. BOX 195, BERLIN	Noute Number, City or Town, Stele, Zip of No. 21811	Code)							
18	4 Donation 5 Other (Specify)	FOF DISPOSITION (Name of	2-12 SNOW HIL	L, MD.							
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE  Southan B Jolley	SALISBURY, MD									
	23. PART i. Epier the diseases, or complications that caused the deeth. Do shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final	not enter the mode of dying, such	h as cardiec or respiratory srre	Approximate interval Between Onset and Death							
	disease or condition resulting in death)  a	MULT OF):		MLUS							
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury cause).										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  C. C. DYMMMULL CMUNICALUMY  DVE TO (OR AS A CONSEQUENCE OF):  d.										
A.	PART II. Other eignificant conditions contributing to death but not resulting	in the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE							
MEDIC.	DID TORACCO LICE CONTRIBUTE TO CALICE OF DEATH A	75 F 110 F 1110	1   YES 2   NO	OF DEATH?							
PHYSICIAN:	EXAMINER? HOSPITAL:	ATH (Check only one) OTHER:									
	27. MANNER OF DEATH  1 Natural 5 Pending  26e. DATE OF INJURY (Month, Day, Year)	4 Nursing Home 5 Residence  IME OF Sec. INJURY AT WORK?  M 1 YES 2 NO	6 ☐ Other (Specify)  28d. DESCRIBE HOW INJURY OCCU	JRED							
TED.BY	2 Accident Investigation 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm building, etc. (Specify)		261. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,							
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur one)  2 MEDICAL EXAMINER: On the basic of examination and/or investigate.										
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER WALLE M. WM MS		3 8 29d, DATE	SIGNED (Month, Day, Year)							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE DEATH (ITEM	PRM C									
	FEB 0 9 1996 Jalin a welson Randall										

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. (Manuford / Department of Health and Mental Hygiene 96)

							ert	ificate	e of	Deat	h		Reg.	No.		
я	Discorde		1. Decedent's Name (First, Middle,	Last)								2. Dete of D Month		Day	Vaar	3. Time of Death
	Physic /Medi		Louise Gray	Bower	ı							Februa	ry	15, 1	996	11:20 p.r
	Exami		4e. Fecility Neme (If not institution,	give street and nu	ım <i>ber)</i>					4b. City,	Town, or L	ocation of Dee	th	4c. County	of Death	
			305 M.F. Bow	en Road	E					Hunt	ingt	town		Calv	vert	
	Funeral		5. Social Security Number	S. Sex		(In yrs. last birtho		If Under Months	1 Yeer Deys		er 24 Hrs. Min.	(Adamete C	irth	ar)	9. Birtho	laca (State or Foreign
	Director		213 74 8580	1□M 2⊠F	90	Yn	3.		Doyo	710010	TVI IVI	Sept.	1,	1905	MD	,,
	pu *		Usuel Residence of Decedent  10e. Stete 10b. County			10c. City, Town o	. 1	tion								04 1-14-09-11-19-
	show	2	MD Calver	t		Owings	LUCE	WOII								0d. Inside City Limits 1 ☐ Yes 2 No
	the N	Director	10e. Street end Number					406 71	0.4.				40	0:::		THE TRIBUTE OF SERVICE
	with Por		Rte. 260 Box 38					10f. Zip	073	36		10g. Citizen of Whet Co USA				.try7
	eath e 23	Funeral	11. Meritei Stetus	12. Wes Dec	adent E	ver in II S	12 W/				Vinio? (S					en Indian
	ter d	-Fu	1 Never Merried 2 Marrie	Armed F	orces?		if Y	es, spec	ify Cut	pen, Mexic	an, Puert	(Specify Yes or No- and Rican, etc.) 14. Race - American Indian, Bieck, White, etc.				etc.
Maryland 21215-0020	Juitin 72 hours after death with the Maryland plene. Than "nature!; or Items 23s or 28s-f show the Medical Examiner must be notified at	by I	3 Widowed 4 □ Divorced	d 1 ☐ Yes If Yes, Gi Yeer or D	ive X Detes:	·	10	∃Yes 2	No 🎑	Specif	fy:			Specif	y: W	white
0	2 hou		15. Decedent's	Educetion		16a. D	ecede	nt's Usue	i Occu	petion			16b	. Kind of B	usiness/Inc	dustry
215	C 9	Completed	(Specify only highest Elementery/Secondery (0-12)	grade completed) College (		(C)	ive ki e. DC	nd of wor NOT us	k done e retire	e during mo ed)	ost of wor	king				
21	filed within Hyglene. ther than "	mo.	12	Conage (	(1-401 34	.	rop	riet	or						Insur	ance
bu	hal Hygled other	Be	17. Fether's Neme (First, Middle, La	ist)						18. Mot	her's Nen	ne (First, Middl	e, Meid			
la	should by and Menta	To E	Lawrence Randl	e Gray	7					A	da Lo	ouise H	amm	ett		
an	0.00		19e. informent's Neme/Reletionshi	(Type, Print)		19b. N	lelling	Address	(Stree	t and Num	ber or Ru	ral Route Num	ber, Ci	ity or Town	State, Zip	Code)
2	25 E		Jennie Nash	/daug.		30	5 M	F.	Bow	ven Ro	d., F	Hunting	tow	n, MD	206	39
ore	iges 1 en nt of Healt if flem 2 or other		20e. Method of Disposition		01.1.	20b. Plece of D cametery,	sposit	ion (Nam	e of ther pla	intin	atown	Dete	200	. Location	City or To	wn, Stete
Ĕ	Pages nent of int: If Its iry or o		1 Surial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe		Stete	Calvary	Ce	mete	ry	UM C	urch	2-19-96	Hu	nting	town,	MD
Baltimore,	permit. Pages 'Department of Himportant: If the any injury or or once.		21. Signature of Funetal Service Li	sensee	20		22. 1	Neme end	d Addr	ess of Fed	llity					
0	88558		1. 911	61/	KIN		Rau	sch	Fur	eral	Home	, Owing	gs,	MD	20736	
			23a Part1. Enter the disease, or o	emplications that	camped t	he deeth. Do not	enter	the mode	of dy	ing, such e	es cardiec	or respiretory	errest,	~	T	Approximete
層	Physician		shock, or heart teilure. List or	ny one cause en	each ine	h.									1	Interval Between Onset end Deeth
2	/Medical		immediate Cause (Final disease or condition	M	11/4	ixle 1	111	plo	m	a					1	2 years
п	Examiner		resulting in deeth)	θ	D	Tale A Due to (or es a con Osclero	seque	ence of):								2 years years
	D #	iner		. Art	reri	osclero	110	Ca	nd	tova	culo	in Dis	ea	18.		years
	certificate be executed ding physician end ise es the burial-transit	Examiner	Sequentially list conditions,	D. ———		ue to (or es e cor										
ó,	e exe		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury												1	
68760,	ate b hysic the b	dica	that initiated events resulting in deeth) Last													
	ing p	Medical														
Вох	E 3			d												
	lew requiras that the death as been signed by the etter a 2 should be deteched for a	Physician	Pert II. Other significant conditions	contributing to d	leath but	not resulting in th	e und	erlylng ce	use gi	iven in Per	1 l.	23b. Did	d tobac	cco uss co	ntribute to	the cause of death?
0	d by	Ph	Myeloma-vert	elecal I	-	etures.						10	Yss	2 No	3 Prot	bebly 4 Unknown
S	signed to	by	_		, ,										T	
of Vital Records,	v requin	Completed	Anemia									24e. We	s en a	utopsy 1?	ave	are autopsy findings allable prior to mpletion of ceuse
ec	has b	npie													of	deeth?
E	E # 8	S										1□	Yes	200 No	10	Yes 2□No
/ita	Physicien: The this certificate ral director, pag	Be	25. Wes cese referred to medical examiner?	11 12 12 1							ce of Dee	th (Check only	one)			
5	0 0	P	1 ☐ Yes 2 No		inpetien			3□ DO	^		Nursing H	ome 5 Re				r)
Ē		on	27. Menner of Deeth  1 Neturei 5 □ Pending		of injury oth, Day	Year) 28b. Tim			Bc. Inju			28d. Describe	how i	njury occur	red	
Sic	Attending or death. ector: After by the fune	cat	2 Accident investige 3 Suicide 6 Could no	be				М	170	Yes 2	No.		10.			
Division	or Attend efter death Director: /	Certification:	4 Homicide determin	ad 286. Pieci	e of Injur ling, etc.	y - At home, ferm <i>(Specify)</i>	stree	t, fectory,	, office			28t. Location City or To			ber or Rura	I Route Number,
	urs e urs e line	ပိ														
	To the Hospital or Att Within 24 hours effer of To the Funeral Direct completely filled in by	edicai	29e. Certifier (Check only one) 1 Certifying 2 Medical Ex	Physician: To the aminar: On the b	esis of e	examinetion end/o	eeth o	ccurred a stigetion,	it the ti In my	ime, dete a opinion, de	and plece, eeth occu	, end due to the rred et the time	e ceus , dete	e(s) end m end pleca,	enner as st and due to	eted. the cause(s)
	To the To the comple	Mec	29b. Signeture end title of certifier	end men	iner stete	9G.		290	Licen	se numbe	r	т.	294	Dete sinne	d (Month	Dey, Year)
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	15		Gerald						-	170	ナイフ		1	CD,	16	1-1-10
	15		30. Name and address of person with Geral & P.	Sterne	se of dec	eth (item 23e) (Ty	pe, Pr	int)		M.	Mas	, Mar	-u/	and	207	36
		to									3	, , , ,	7	- St		
	Sta Registi		31. Dete filed (Month, Day, Year) FEB 21	1996 8	lin d	's Signeture Yavelson-Ra	dal	6								
				1/			-47									



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Tima of Death 77, 1996 **Physician** JOHN BISHOP BOWEN , Jr. February 17:01 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Calvert Memorial Hospital Prince Frederick Calvert If Undar 1 Yaar Months Days 5. Sociel Security Number 7. Age (In yrs. last birthday) If Undar 24 Hrs. Hours Min. 8. Date of Birth (Month, Dey, Year)
March 14 1908

9. Birthplace (Stete or Foreign Country)
South Carolina **Funeral** Days 1 XM 2 F 577 01 9689 Director 86 Usual Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits item 27 is merked other than "natural", or items 23s or 28s-f shor other traumatic avant, the Medical Examiner must be notified at Maryland Calvert Solomons 1 Yas 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 13325 Dowell Road 20688 United States death Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Ricen, etc.) 11. Meritel Stetus 14. Rece - American Indian, Bleck, White, etc. filed within 72 hours after Hygiene. 1 Yas 2 No If Yas, Give Yeer or Dates: 0 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: white à WWII 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withit Department of Health and Mental Hygiene. Important: If item 27 is merked other than any injury or other traument. Elementery/Secondery (0-12) College (1-4or 5+) merchandizing executive chain drug store 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be John Bishop Bowen Addie Erwin Moore 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JOhn B, Bowen III 5152 Stone Canyon Ave. Yorba Linda California 92686 20b. Place of Disposition (Name of cemetery, cremetory or other place) February, 18
Metropolitan Funeral Service 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2X Cremetion 3 ☐ Ramoval from Stata Metropolitan Funeral Alexandria Virginia 4 Donetion 5 Other (Specify) 21 Signature of Funerel Service Licensial 22. Nama and Address of Fecility Rausch Funeral Home P.A. Fin 4405 Broomes Island Rd. Port Republic Maryland 20676 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such es cerdiac or respiretory errest, shock, or heer feilure. List only one ceuse on each line. Approximeta Intervel Between Onset and Death **Physician** Immediate Causa (Final disease or condition resulting in death) /Medical Examiner Due to (or es e consequence of): Examiner bunal-transit Sequentially list conditions, if any, leeding to immadieta ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest end Box 68760. physicien that the death certificate be Physician/Medical the Dua to (or es e consequence of) 888 attending esn Ö P.O. Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the th signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. à 24b. Were eutopsy findings eveilabla prior to complation of causa of deeth? 24e. Wes en eutopsy performed? Completed peeu Wel hes page 2 The 20 No 1 Yes 1 ☐ Yes 2 ☐ No certificate 25. Wes cese referred to market examiner? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 20 1 Yas 2 V npatient 3 DOA 2 ER/Outpetient 28e. Dete of Injury (Month, Dey Yaer) funeral 27. Menner of Dem 28b. Time of Injury 28d. Describe how Injury occurred Certification: 28c. Injury et Work? or Attending Fafter death. 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours at To the Funeral Di Medical 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end menner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 11900 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 1118 4 woumance resdown 30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Huntingtown, MD 20639 Kioumarce Yazdani, M.D. 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State Dia Davidson Rardall

Registrar

FFB 2 0

and a normal feature  DIVISION OF VITAL RECORDS, P.O. BOX 68760

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN February 15 1996 11 50 A Marion Rebecca
4. SOCIAL SECURITY NUMBER 5. Barnes 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 217 44 2627 March 15 74 DAYS HOURS 1921 Maryland 1 M 2 XF YRS Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Calvert Memorial HopsitaL Prince Frederick Calvert RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Calvert Lusby 1 YES 2 NO permit. 10s. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12810 Spring Cove Drive 20657 funeral director, page 5 should be detached for use as the burial-transit United States retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIOIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11 MADITAL STATUS 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married sowhite BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) housewife own home 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surneme) Ħ JOseph H. Sewell Frances Virginia Pitcher BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ronald Lee Barnes P.O. Box 306 Prince Frederick Maryland 20678 Раде 6 may be r 9 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 19 184XE 5 20c. LOCATION — City of Town. State commetery, crematory of photo place) Techniques Memorial Cemetery must 1 CBurlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RauschurerelaHome hours after death. Rausch and completely filled in by the 10 burial, cremation, or removal. 4405 Broomes Is. Rd. Port Republic medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. intervai Between IMMEDIATE CAUSE (Finel Onset and Daath the disease or condition\_ SEPSIS 3 days reaulting in death) event, DUE TO (OR AS A CONSEQUENCE OF)the death certificate be executed traumatic PNEUMONIA week CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 If any, jeading to immediate the attending physician Mental Hygiene prior to e. Enter UNDERLYING LUNG CANCER months CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the any 1 YES 2 NO OF DEATH? 1 TYES 2 NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🕱 NO 🗌 UNCERTAIN 🗆 PHYSICIAN: has be DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL: OTHER: 1 TYES 2 TONO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 5 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c marked. 1 Natural 5 Pending М 1 YES 2 NO BY After 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 ETED. 6 Could not be DIRECTOR: / 4 | Homicide 28 determined tem 29a. CERTIFIER 1 Security INO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL HOSPITAL ( FUNERAL D within 72 h (Check only one) = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 7. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Som February 15,969 D 36969 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Scaria Mathew, M.D. 11840 H.G. Trueman Rd. Lusby Maryland 20657 32. REGISTRAR'S SIGNATURE Felia Davidson-Randall 20

FLAG.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH								
	MALCOLM PA	RKER	BUNDICK			FEBRUARY 1	0, 1996	8:03 Am						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	PITHPLACE (State or Foreign						
	214-32-1663	1 📉 M 2 🗆 F	59 YRS.	MONTHS DAYS	HOURS MIN.	JULY 14, 1	936   VI	RGINIA						
cc	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF D	EATH		COUNTY OF DEATH						
DIRECTOR	7440 CEMETERY AVE	NUE		PITTSV	LLLE		WICOMI	CO						
E	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOC	NTION			10d. INSIDE CITY LIMITS?						
2	MARYLAND WICO	MICO	PI	TTSVILL	E			1 X YES 2 NO						
AL	10e. STREET AND NUMBER			1	of, ZIP COOE		10g. CITIZEN C	F WHAT COUNTRY?						
FUNERAL	7440 CEMETERY AVE	NUE			21850		USA							
5	11. MARITAL STATUS	12. WAS DECEDENT EVE				NIC ORIGIN? (Specify Yearn, Puarlo Rican, etc.)	or No- 14. R	ACE — American Indian, llack, White, etc.						
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 XY	R DATES		S 2 X NO Specif			pecify:						
	15. DECEDENT'S EDU	6/12/56	5/28/58	USUAL OCCUPAT	ION	16b. KIND OF BUS		WHITE						
COMPLETED	(Specify only highest grade	completed)	(Give kind of life. Do NOT u	work done during n	ost of working	160. KIND OF BUS	SINESS/INDUSTR	T						
P	Elementary/Secondary (0-12)	College (1-4 or 5+)	BU	S DRIVE	R	TRANSP	ORTATIO	N						
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Sumame)							
	MALCOLM S. BUNDIC	ĸ			INA BYF	STD.								
BE (	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural	Route Number, City or Town	n, State, Zip Code,	)						
5	THELMA M. BUNDICK		7440 C	EMETERY	AVE., PI	TTSVILLE,	MARYLAN	TD 21850						
7	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram		20b. PLACE AND DATE		leme of	DATE 20c. LO	CATION — City o	r Town, Stata						
٦,	4 Donation 5 Other (Specify)	Oval from Stata	PITTSVIL	LE CEME	<b>LEKA</b>	2/13/96 P	ITTSVII	LE, MARYLAND						
	21. SIGNATURE OF THERMAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY													
	HASTINGS FUNERAL HOME, SELBYVILLE, DE. 19975													
	23. PART I. Enter the diseases, or	complications that call	sed the death. Do					Approximate						
	ehock, or heert fellure.  iMMEDIATE CAUSE (Finel	List only one ceuse o	n each line.				-	interval Between Onset and Death						
	diseese or condition	MET	FASTA - 1C	1.11	un Ce	AND CANALA		G Morith						
	disease or condition recuiting in death)  e. METASTATIC LUNG CARCINOMA  Due TO (OR AS A CONSEQUENCE OF):													
z		b												
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):													
2	cause. Enter UNDERLYING CAUSE (Disease or injury													
Ë	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):												
<b>H</b>		d												
	PART il. Other eignificent condition	ns contributing to deet	th but not resulting	in the underlyi	ng cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS						
2	COPI	D				1   YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
Æ								t YES 2 NO						
-	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH Y	ES NO I	UNCERTA	N 🗆								
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEA		)									
× 1		HOSPITAL:	Outpatient 3 DOA	OTHER: 4 Nursing Ho	me 5/ Realdence	6 Other (Specify)								
SICIA	1   Inpetiant 2   ER/Outpetiant 3   DOA 4   Nursing Home   Residence 6   Other (Specify)   27. MANNER OF DEATH   286. DATE OF INJURY   286. TIME OF   28c. INJURY AT   28d. DESCRIBE HOW INJURY OCCURED													
HYSICIA	27. MANNER OF DEATH	28e. DATE OF INJU	(Month, Day, Year) INJURY WORK?											
3Y PHYSICIAN: MEDICAL	27. MANNER OF DEATH  Matural 5 Pending	28e. DATE OF INJU (Month, Day, Ye	ar) IN	JURY V	YES 2 NO									
ВУ	27. MANNER OF DEATH   Substitute   5 Pending	(Month, Day, Ye	ur) IN	JURY V	YES 2 NO	28t. LOCATION (Street a		rrsl Route Number,						
ВУ	27. MANNER OF DEATH  Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye.	ur) IN	JURY V	YES 2 NO			rst Route Number,						
ВУ	27. MANNER OF DEATH    Natural   5   Pending investigation   3   Sulcide   6   Could not be detarmined	(Month, Day, Ye.	ury — At home, tarm,	JURY M 1 street, factory, off	YES 2 NO	City or Town, State)		rral Route Number,						
ВУ	27. MANNER OF DEATH   Mutural 5   Pending investigation   3   Suicida 6   Could not be datarmined   29e. CERTIFIER (Check only 1)   CERTIFYING PHYS	(Month, Day, Yes 28s. PLACE OF INJ building, atc. (:	URY — At home, tarm, Specify)	JURY M 1 street, factory, off	YES 2 NO	e to the ceuse(a) end mai	nner aa stated.	rs/ Route Number,						
COMPLETED BY	27. MANNER OF DEATH   Mutural 5   Pending investigation   3   Suicida 6   Could not be datarmined   29e. CERTIFIER (Check only 1)   CERTIFYING PHYS	(Month, Day, Yes 28a. PLACE OF INJ building, atc. ( GICIAN: To the best of my k ER: On the basis of axemin	URY — At home, tarm, Specify)	JURY M 1 street, factory, off	YES 2 NO	City or Town, State)  to the ceuse(a) end mai	nner as stated.							
BE COMPLETED BY	27. MANNER OF DEATH    Natural   5	(Month, Day, Yes 28a. PLACE OF INJ building, atc. ( GICIAN: To the best of my k ER: On the basis of axemin	URY — At home, tarm, Specify)	JURY M 1 street, factory, off	YES 2 NO	city or Town, State) to the ceuse(a) end mai time, data and placa, an	nner as stated.	se(s) and manner as stated.						
COMPLETED BY	27. MANNER OF DEATH    Matural   5	(Month, Day, Yes  28a. PLACE OF INJ building, atc. (  BICIAN: To the best of my k  ER: On the basis of axemin	URY — At home, tarm, Specify)  nowledge, deeth occur setion and/or investigeti	Street, factory, offi	YES 2 NO loca la and place, and du death occured at the 29c. LICENSE NU D36	city or Town, State) to the ceuse(a) end main time, data and place, an	nner as stated.	ne(s) and manner as stated.						
BE COMPLETED BY	27. MANNER OF DEATH    Natural   5	(Month, Day, Yes 28a. PLACE OF INJ building, atc. ( BICIAN: To the best of my k ER: On the basis of axemin	URY — At home, tarm, Specify)  nowledge, deeth occur setion and/or investigeti	Street, factory, offi	YES 2 NO	city or Town, State) to the ceuse(a) end main time, data and place, an	oner as stated.  In did due to the cau	ne(s) and manner as stated.						
BE COMPLETED BY	27. MANNER OF DEATH    Matural   5	(Month, Day, Yes 28a. PLACE OF INJ building, atc. ( BICIAN: To the best of my k ER: On the basis of axemin	IN URY — At home, tarm, Specify)  nowledge, death occur author investigation and/or investigation. The DEATH (ITEM 27) (Typ. UT 2	Street, factory, off street, factory, off red at the time, da on, in my opinion,	YES 2 NO loca la and place, and du death occured at the 29c. LICENSE NU D36	city or Town, State) to the ceuse(a) end main time, data and place, an	oner as stated.  In did due to the cau	NEID (Alpertin, Dag, Near)						

amend (2) wash. Co Health 48 2-22-96

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				State of I	naiyiaiic		rtificate of	Death		og. No.	6 05	783
	Physici	an	1. Decedant's Nama (First, Middle	176.1					2. Dete of Dee		1996 3.1	Time of Death
	/Medic		Junior Clyde BU						Februar	ry 11,	1995 2	100
	Examir	er	4a. Facility Name (If not institution, 1120 Kenly Avenu		r)			4b. City, Town, or Lo Hagersto		4c. County Wa	of Death shington	n
	Funeral Director		5. Social Sacurity Number 215-20-8024 Usuel Residence of Decedant	6. Sex 7. / 12∑ M 2 ☐ F	Aga (In yrs. la		If Under 1 Year Months Deys	If Undar 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day Apr. 19	Year) 1926	9. Birthplaca ( Country) Marylar	Steta or Foreign
	land land		10a. Stete 10b. County		10c. City,	, Town or Lo	cation				10d. Ins	sida City Limits
	Men	tor	Maryland Wash:	ington		Н	agerstow	n			15	¥Yas 2□No
	ith with the Merylar 23a or 28a-f show	Funeral Director	10e. Street end Number 1120 Kenly Avent	ıe #4			10f. Zlp Code 217	40	1	0g. Citizen of V	What Country?	
020	eftar dea or items	by	11. Merital Stetus  1 □ Navar Married 2 ☒ Marrie 3 □ Widowed 4 □ Divorced	12. Was Deceder Armed Force ed 1 Tyyes 2 If Yas, Giva Yaar or Datas	? ] No		Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☒ No	Hispenic Origin? (Speen, Maxican, Puerto Specify:	ecify Yas or No- Rican, etc.)	Blac	e - Amarican ind ck, White, etc. white	ian,
5-0	netural',	Completed	15. Decedent' (Specify only highest	s Education		(Giva	dent's Usuel Occup	during most of worki	na	16b. Kind of Bu	usinass/Industry	
121	within ena. than	mpk	Elementary/Secondery (0-12)	Coilege (1-4o	r 5+)	life. I	DO NOT use retire	d) lf-employe		barbe	~	
d 2	Hygie ther t	ပိ	6 17. Father's Neme (First, Middle, L	ast)			56	18. Mother's Neme				
lan	id be entel ked o	To Be	Clyde Yessler 1					Anna M			,	
Mary	end 2 should be filed within selft end Mentel Hygiena. 127 ie marked other than er treumatic event, the Me		19e. Informent's Neme/Reletionship (Type, Print) Elizabeth J. Buchanan  19b. Meiling Address (Street end Number or Ru. 1120 Kenly Ave., #4,							Hagerstown, Md. 21740		
Baltimore, Maryland 21215-0020	permit. Pages 1 end 2 Department of Heelth Important: If item 27 i eny Injury or other tre once.		20e. Method of Disposition  1   Burial 2 □ Cremetion  4 □ Donetion 5 □ Other (Sp		Cei	metery, cran	sition (Nama of matory or other pla rding Cer	ce) metery 2-1			City or Town, Si	
Balti	permit. Departminporta		21. Signetura of Funaral Service L	icansee //	nne	M		UNERAL HON			w1 017/	4.0
			23e. Pert1. Entar the diseese, or o shock, or heart feilure. List of	complications that caus	ed the death.			son Blvd. ng, such as cardlec			Appro	oximete val Between
	Physician				1.1	^			A	1		et and Death
	/Medical Examiner		immediate Cause (Final disease or condition resulting in deeth)	· Jw	ell	lel	( Car	Com	- 0	Lung	Sm	True
		er	Toolang III doodly		Due to (or	as a conseq			l	7		
	and al-transit	Examiner	Sequentielly list conditions, it eny, leeding to immediate cause. Enter Undertying Cause (Diseasa or injury	b	Due to (or	as a conseq	uence of):					
68760,	requires that the deeth certificate be assecuted seen signed by the attending physician and hould be deteched for use as the buriel-transit	edical	Ceuse (Diseesa or injury thet initieted evants resulting In deeth) Last	C	Dua to (or	es e consequence of):						
Box	attending for use a	M		d								
	na deeth the atte	sicia	Pert II. Other eignificant condition	e contributing to deeth	but not result	ting in the u	ndartylng cause git	ven In Pert I.	23b. Did to	pacco nee co	ntribute to the c	aues of death?
S, P.O.	lires that tha de signed by the d be deteched	by Physician/M							LET	●● 2□ No	3 Probably	4 Unknown
Division of Vital Records,	≥ B 80	Completed t					1		24a. Was a perform	n autopsy ned?	24b. Were au available complate of death?	prior to on of causa
- H	The ate h	Con							1 🗆 Ye	s 2 No	1 🗆 Yas	2 No
Vita	ysician: The s certificate director, pag	Be	25. Wes case referred to medical exeminar?	1.4			Jan.	26. Plece of Deeth	(Check only on	a)		
of	his b	5 T	1 ☐ Yes 2 ☐ No  27. Menner of Deeth	Hospitel: 1  Inpa 28a. Dete of In		R/Outpatien	T 3LI DOA	nar: 4 ☐ Nursing Hor				
O	ding I h. After funer	tlon	1. Neturel 5 Panding 2 Accident Investigs	(Month, E	ay Year)	28b. Time of Injury	Wo	rk?  Yes 2 □No	28d. Describe ho	w injury occur	red	
Divisi	i or Atten efter deat Director: J in by the	Certification:	3 Suicide 6 Could no determin	ot be 28e. Pieca of I	njury - At hometc. (Specify)	ne, ferm, str	eet, fectory, office		28f. Location (St City or Town	reet end Numb n, Stele)	er or Rural Rout	a Number,
	To the Hospital or Attending P within 24 hours effer death. To the Funeral Director: After the completaly filled in by the funeral completaly filled in the funeral completaly	edical C	29e, Certifier 1 Certifying (Check only 2 Medical E	Physician: To the bes xaminer: On the basis and menner:	of examination	ledge, death on and/or inv	occurred at the tivestigetion, in my o	me, dete end piece, e opinion, death occurre	and due to the ca ad at the time, d	ause(s) and me ete end pleca,	enner as stated. and due to the ca	ause(s)
	Within To the	Me.	250. Signature and title of certified				29c. Licens	sa number	2	9d. Data signe	d (Month, Day, Y	(ear)
			the Unn	CM (			1/2	2362)		5	13/9	6
		1	30. Name and address of person w	ho completed cause of	deeth (Item 2	23a) (Type,	Print)	-			•	
		4	Frederic H	. 14 ass 1	ND	1799	House	11 Rd.	Hayer	Musele	MB	21740
	Sta Begistr		31. Date filed (Month, Dey, Year)	/2. 1	trar's Signetu	ILE D	a\$		0		(	
	Registr	al	FEB 1 3	1996   54	70% - MAY 200	The State of the State of	wy.					

en organisation of the Ber w mi 12" - 151 - 19 100 P S - All P G + 100 G - 10 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

1. Decedant's Nama (First, Middla, Last)

2. Data of Death

3. Time of De

						Ce	rtificat	e of	Death			Reg. No.	OU	0/	04
	Discontin	·	1. Decedant's Nama (First, Middla, Las	st)							2. Data of De Month		Yaar	3. Tir	na of Death
	Physic /Medi		Ann NMN	BLOCK							Februa	ry 13,	1996	1:	00 a.m.
	Exami		4a. Facility Nama (If not institution, give	a street and number)					4b. City, To	wn, or Lo	cation of Deat	4c. Coun	ity of Death		
			17820 Thornberry	Road					Hage	ersto	wn	Was	shingt	on	
	Funeral Director		5. Social Sacurity Number 6. S. 140-14-0108 1 Usual Rasidance of Decedent	ex 7. Age □M 2덨F	a (In yrs. last bi	irthday) Yrs.	if Under Months	1 Yaar Days		Min	8. Data of Bir (Month, Da July 30	th y, Year) 1920	9. Birthp Cour New	ntry)	tata or Foraign sey
	and w		10a. Stata 10b. County		10c. City, Tov	vn or Lo	ocation						1	Od. Insi	da City Limits
	he Menyi 18a-f sho	ector	Maryland Washingto	on	Hager		wn							1 🗆	Yas 201 No
0020	23a or 2	Funeral Director	17820 Thornberry	Road				10f. Zip Coda 21740				10g. Citizen of What Country? U.S.A.			
	filed within 72 hours after deeth with the Meryland Hygiene. Ther than "natural", or flems 23a or 28a-f show ont, the Medical Examiner must be notified at	by	11. Marital Status 1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas?	1 ☐ Yas 2 ☒ No If Yas, Giva		<ul><li>13. Was Decedent of Hispanic Origin? (Sprif Yas, specify Cuban, Maxican, Puarto</li><li>1 ☐ Yas 2 ☒ No Specify:</li></ul>			pecify Yas or No- o Rican, atc.) 14. Rac Bia Specify		iack, Whita,	e-Amarican Indian, k, Whita, atc. - white		
2-0	72 h	Completed	15. Dacedent's Ed (Specify only highast gra		188	. Dece	dant's Usus	ai Occu	pation during mos	t of worki	na	16b. Kind of	Businass/Ind	dustry	
21	E	npie	Elementary/Secondery (0-12)	Collega (1-4or 5	+)	lifa.	DO NOT us	sa retire	nd)	t or works	···y				
2	A training	ပ္ပ	8-0	0			homemaker			own home					
e, Marylan	d 2 should be filled with th and Mental Hygiene. 7 is marked other than traumatic avent, the M	To Be	17. Fathar's Nama (First, Middla, Last) John	Hartobe				Sopt	na (First, Middla, Maidan Sumama) hie						
	Health and I sho Health and I sam 27 is ma	•	19a. Intormant's Name/Reletionship (7 Mr. Bernard J. Blo			Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code North Gardenway, Greenbelt, Maryland 20						207	70		
	permit. Pages 1 end Department of Health Important: If Itam 27 any Injury or other tr once.		1 ☐ Burial 2 ☑ Cramation 3 ☐ Ramoval from Stata cema				Disposition (Nama of carmatory or other place)  town Crematory 1996					20c. Location - City or Town, Stata Hagerstown, Maryland			
Balt	permit. Departu Importu any Inje		21. Signature of Funaral Service Licen	1)								uneral gerstov		ry1	and 217
68/60,	tha death certificate be executed y the attending physician and sched for use es the bune-transit	ical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants	b	Dua to (or as a	consac	quance of):								
×	nding ph use es th	n/Medical	rasulting in daath) Last	d									1		
20	death ce attend id for us	icia	Part II. Other significant conditions co	ontributing to death bu	t not resulting	in the u	nderlying c	ausa oi	van in Part I		23b Did	tobacco usa c	ontribute to	the ce	use of death?
7.	es thet tha de igned by the be deteched	/ Physician/							3b. Did tobacco use contributs to the cause of death?  1 Yes 2 No 3 Probably 4 Unknow						
or Vital Records,	aw requir is been s 2 should	Completed by										sn sutopsy ormed?	av	allable p	ppsy tindings prior to n of causa
_	0 - 0	Con									10	Yas No	10	] Yas	2 No
2	ysician: The is certificate director, pag	Be	25. Was casa refarred to medical axaminar?						28. Place	of Death	(Check only	ona)			
_	G 00 Z	2	1 Yas 2 No	Hospital: 1 Inpatiar	nt 2 ER/O	utpatier	nt 3 DC	DA OI	har: 4 Nu	irsing Hor	na 5 Aasi	dance 8 🗆 O	thar (Specif	y)	
	Attanding Ph r death. ector: After th by the funeral		27. Mannar of Death  1 Netural 5 ☐ Panding 2 ☐ Accident invastigation	28a. Data of Injur (Month, Day	Year) 28b.	Tima of Injury	f 2	8c. Inju Wo 1	ryat rk? ∣Yas 2 🗆		28d. Dascribe how injury occurred				
Division	al or Attands selfer deat	Certification:	3 Suicida 6 Could not be 4 Homicida detarmined	28a. Placa of Inju building, atc.	ry - At homa, fi . (Specify)	arm, str	reet, factory	, offica		4	28f. Location ( City or To	Streat and Num wn, Stata)	nber or Rura	/ Routa	Number,
	To the Hospital or Attanding F within 24 hours efter death. To the Funeral Director: After completely filled in by the funer	edicai (		/sician: To the best of liner: On the basis of and manner stat	axamination ar										use(s)
	To the Within 2 To the comple	Me	29b. Signatura and titia of certifiar				290	. Licans	sa number			29d. Data sigr	ned (Month,	Day, Ye	ar)
	->-0		12/1	0.0.4	6			7	1/12	11	-	7/	, ~	10	101
			30. Nama and addrass of person who c	complated causa of de	eath (Itam 23a)	(Type,	Print)	_()	1112	66	/	Toh	1/	14	16
			31. Date filed (Month Day Year)	32. Bagistra	900	1/2	VIAC	17	HV	H	tgerst	UWH	Md		
	Sta Registi		FEB 2 0 1996	A Managered	Bold.										

Sign of -3.5

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

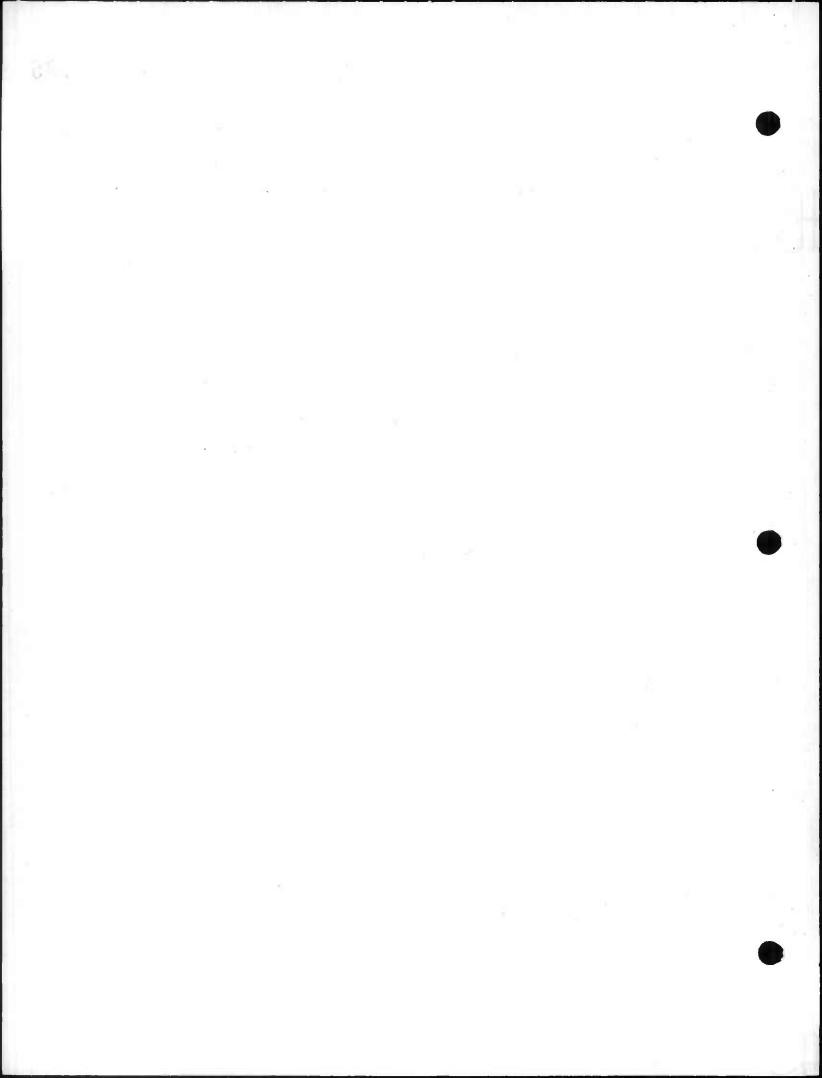
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE O	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				<del>-</del>	2. DATE OF DEATH		3. TIME OF DEATH
	Mary Jane BR	FTFRNTT7				Fobassons		O. 25 D.
- 3	4. SOCIAL SECURITY NUMBER 5. SE			IF UNDER 1 YEAR		February		
1 8	700 10 0010	1	yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
1 1	523-48-8848	M 2 □XF   86	YRS.		1100110	Sept. 4, 19	909   1	Vebraska
	9a. FACILITY NAME (If not Institution, give street and	number)		96. CITY, TOW	OR LOCATION OF DE		9c. COUNTY	OF DEATH
Œ	Ravenwood Nursing	Home		Н	agerstow	n	Wa	shington
DIRECTOR	RESIDENCE OF DECEDENT	,		•	ageroton			isting ton
입	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
<u>E</u>	Maryland Washi	ington		Williams				LIMITS?
1		ing ton						1 XYES 2 NO
N N	10e. STREET AND NUMBER				Of. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	136 N. Artizan Str	·eet			21795		USA	Ą
3	11. MARITAL STATUS 12. WA	S DECEDENT EVER IN U	J.S. ARMED	13. WAS D	CENDENT OF HISPAN	HC ORIGIN? (Specify Yea	or No. 14	BACE — American Indian
	1 Never Married 2 Married FO	RCES? 1 YES	2 (NO	If yes,	specify Cuben, Maxica	n, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc.
B	3 X Voldowed 4 □ Divorced	YES, GIVE WAR OR DAT	ES	1 🗆 YI	S 2 🖂 O Specify	r:		Specify: white
	15. DECEDENT'S EDUCATION							
15. DECEDENT'S EDUCATION Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY							RY	
l iii		ge (1-4 or 5+)	life. Do NOT us					
4	12	1	tea	acher		pub	lic sch	001
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  166. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  167. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  168. MOTHER'S NAME (First, Middle, Last)  169. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY  160. KIND OF BUSINESS/INDUSTRY								
								ng
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
[일]	Martha J. Talton							
Martha J. Talton 9821 Old National Pike, Hagerstown, Md. 2							WG. 21740	
20a. METHOD OF DISPOSITION  20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Camping of other place).								
4 Donation 5 Other (Specify)   Colorado   Communication   Colorado   Communication   Colorado   Colorad								Colorado
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME								
	Symn							
	20011/01	linsur	h	415	E.Wilson	Blvd., Ha	gersto	wn, Md. 21740
	23. PART i. Enter the diseases, or compile	etions that coused t	the death. Do r	ot enter the n	ode of dying, suc	h aa cerdiec or respi	ratory errest,	Approximate
	ehock, or heart failure. List on	ly one ceuse on eac	th line.	/		/		interval Between
	iMMEDIATE CAUSE (Finei disease or condition	D-100 -	1.00	/_ /	1	. /.	11cm	Onset and Death
	resulting in deeth) e	XXERO,	(devo)	10 10	ella Va	suko	1809	e years
1		DUE TO (OR AS A C	ONSEQUENCE O	7):				1
z	<b>b</b>							
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF	7:				
8	ceuse. Enter UNDERLYING							
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	7:				
Ē	resulting in deeth) LAST							
<u> </u>	d							
	PART il. Other eignificent conditiona conti	ributing to deeth but	not resulting	n the underly	ng ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	M No Chend	pourced		mu-		PERFOR		AVAILABLE PRIOR TO
ō	Multinad Cees	Non Ca	scho	100		1 _ YES 2	NO	COMPLETION OF CAUSE OF DEATH?
M	Congestor Has	+ talls	<u> </u>					1 - YES 2 - NO
	the moder City							
₹	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	ack only one)		
S		PITAL:		ОТНЕМ:	The state of the s			
≥		petlant 2 ER/Output			me 5 Realdence			
PHYSICIAN	_/ _	(Month, Day, Year)	28b. TIM INJ	E OF 28c. I	JURY AT ORK?	28d. DESCRIBE HOW II	NJURY OCCURE	ED
BY	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO			
		Ba. PLACE OF INJURY -		treet, fectory, of	Ica	26f, LOCATION (Street &	and Number or R	Jural Route Number,
ED	4 Homicide determined	building, atc. (Specify	"			City or Town, State)		
ių	29a. CERTIFIER							
P	(Check only 1 CERTIFYING PHYSICIAN: To							
COMPLET	one) = MEDICAL EXAMINER: On th	e beals of examination a	and/or investigation	n, In my opinion	death occured at the	time, date and place, en	d dua to the ca	use(e) end manner as stated.
В	290. SIGNATURE AND TIME OF CONTIFICE	7			29c. LICENSE NUN	ABER	29d. DATE SK	GMED (Mighth, Day, Year)
100	11111				1026	POG	D 21	12/9/
임	30- NAME AND ADDRESS OF PERSON WHO COMP	FTED CAUSE OF DEAT	N /ITEM OF /T-	Doint)	7000	-6	- 4	10/10
	Alla 11 This Penson who comp	TALLED CAUSE OF DEAT	n (ITEM 27) (Type,	rmnt)	1/	. 7 .	1	217.12
	MILLIAN JOHON >	14/1	DITKO	LXL	e Maar	ostan	· rws	61/42
	31_DATE FILED (Month, Day, Year) 3	. REGISTRAR'S SIGNAT	URE					
	FEB 1 21996 Jaka 19		8					



BALTIMORE, MARYLAND 21215-0020

BALLIMORE, MARYLAND 21215-0020	uted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should https: State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumati

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		Ci	-niii	CALL	OF DEAL	11	HEG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last)  VIOLET CORNELI	A BASTA	IN					MONTH DEATH DO	19	, YEAR 9	3. TIME OF DEATH 2:35a M
	4. SOCIAL SECURITY NUMBER 579-46-4234	6. AGE (In yrs. las 87	t birthday) YAS.	MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) Country) October 12, 1908NA			LACE (State or Foreign ANJEMOY, MI	
	9e. FACILITY NAME (If not institution, give a	treet and number)			96. CITY, TO	WN OR LOCATIO			_	NTY OF DE	
TOR	FORT WASHINGTO	N HOSPI	TAL		FORT	WASH	INGT	ON, MD	PRI	NCE (	GEORGE
DIRECTOR	10a. STATE 10b. COUNTY MD CHARLES				10c. CITY, TOWN OR LOCATION  NANJEMOY					10d. INSIDE CITY LIMITS? 1  YES 2 (X NO	
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF WHA			IAT COUNTRY?	
ER	PORT TOBACCO RI	D				20662	5		US	A	200
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	IMED NO	If yo		n, Mexican, I	ORIGIN? (Specify Yee Puerto Rican, etc.)	or No—		- American Indian, White, etc. WHITE
8	15. DECEDENT'S EDU (Specify only highest grade				USUAL OCCU	PATION g most of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT us	se retired.)	y most or working	9				
APL	8		HOM	MEMA:	KER			HER HO	ME		
ő	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAME	(First, Middle, Malden	Sumame)		
BE (	ERNEST F. POSE	Υ				MARY	Y FRA	ANCES FR	ANK	LIN	
	19e, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St	reet and Number	or Rural Rou	ite Number, City or Tow	n, State, Zij	p Code)	
2	THOMAS BASTAIN		5	SAME							MEDICE S
	20e. METHOO OF DISPOSITION 4 □ Donation 6 □ Other (Specify)	oval from State	20b. PLACE.	AND DATE	OF DISPOSITIO	MPEBRU	JARY2	1 NAN			
	21. SIGNATURE OF FUNERAL SERVICE LICENSISS  22. NAME AND ADDRESS OF FACILITY										
MU0668 RT. 225 AND GLYMONT RD.II							INDI	AN HEAD MI			
	23. PART I. Enter the diseases, or shock or heart failure.  IMMEDIATE CAUSE (Final disease or condition	List only one cau	t caused the deuse on each ilne	eath. Do r	not enter the	mode of dyl					Approximata interval Between Onset and Death
	disease or condition resulting in death)  a. Congestive Heart Failure  DUE TO (OR AS A CONSEQUENCE OF):									years	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate									years	
S	CAUSE (Disease or Injury										
E	that initiated events resulting in death) LAST										
E	L a.										
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
EDICAL	Pneumonia							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									X 110		OF DEATH?
Σ.	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH YE	ES 🗆 NO	UNC	ERTAIN				
A	25. WAS CASE REFERRED TO MEDICAL				TH (Check only						
Sic	EXAMINER? HOSPITAL: OTHER:										
PHYSICIAN:	27. MANNER OF OEATH 286. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED										
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE ( building,	OF INJURY — At he etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
<b>E</b>	29e, CERTIFIER										
COMPLETE	(Check only one) 2 MEDICAL EXAMINE							the cause(s) and me ne, date and place, er			end menner se stated.
BE C	29b. SIGNATURE AND TITLE CERTIFIE	7/1	not				2800				Month, Day, Year)
2	30. NAME AND ADORESS OF PERSON WE H. Herbert Was							Ft. Was			20744
	31. OATE FILEO (Month, Day, Year)					93	nu.	it. was	11 . ,	טוו	20/77
	FEB 2 2 1996	5 Julia	AR'S SIGNATURE	Carball	3						

named to a grand to

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE O	F MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	H		BEG NO

		1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF I				00	03/01	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH		3. TIME OF DEATH	
		Mar		ebrake			Februa		996	4:45 PM	
		4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF E (Month, De	y, Year)	8. BIRTHPL Country)	LACE (State or Foreign	
plac		213-40-4252  9e. FACILITY NAME (If not institution, give st	1 □ M 2 🔀 F 7 9	YRS.				8 1916	Mary		
1, 2, 3 should	CTOR	Reeders Memorial			Boonst	OR LOCATION OF D	EATH		inty of DEA		
soce	뿐	10a. STATE 10b. COUNTY		10c. CF	TY, TOWH OR LOCA	TION			1	Od. INSIDE CITY	
- F		Maryland Was		Hagersto	own			1	X YES 2 NO		
bed t	FUNERAL	10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CI1	IZEN OF WH	EN OF WHAT COUNTRY?	
transi	N	743 W. Washington			21740 U.S.A.						
215-0020 attending physician. se as the burial-transit permit. Pages	BY FU	II . I . Later merrien 5 I merrien 1			If yes, sp		an, Puerto Rican, atc.) Black,				
21 al or for u	ED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIN	D OF BUSINESS/IN		White	
	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	work done during mo se retired.)	ost of working					
YLAND 21 by the hospital or be detached for u	COMPLET	12	0	Tromemente 1				Own ho	me		
YLAN by the hose be detach at once.		17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAME (F							
	BE	Charles M. Lumm			atherine						
	2	Marcy Cline					Route Number, City or Town, State, Zip Code) Like Hagerstown, Md. 21740				
		20a, METHOD OF DISPOSITION	20b.1		OF DISPOSITION (NO		рате	gerstown 20c. LOCATION -			
FORE e 6 may lector, pag		1 🕅 Burial 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 8 🗆 Other (Specify)	oval from State   ceme	tery, crematory or o							
ALTIMORE, death. Page 6 may be funeral director, page		21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Cual Da	22. NAME AI	ND ADDRESS OF FA		nnich Fu			
		> 2 Cott	Munnie	ch	415 E	. Wilson				Md. 21740	
hours aft of in by or remo		IMMEDIATE CAUSE (Final	omplications that caused List only one cause on as	the daeth. Do ch lina.				_		Approximats Interval Between Onset and Death	
Hely Hely	ļ	disesse or condition resulting in death)	reun	nomo	U					10 DAYS	
N 8 9 7 6	_	_	DUE TO (OR AS A	CONSEQUENCE O	PF: \( \int_{\text{-0.00}} \)	000				Cu	
3 " 0 F	NO.	Sequentielly list conditions, if sny, lesding to immediate	DUE TO (OR AS A (	CONSEQUENCE O		ase				> 7 EARS	
BOX ficate be ex physician a ne prior to	CAT	Cause. Enter UNDERLYING CAUSE (Disease or Injury									
	E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST									
O = 5 - 0	CERTIFICATION	readiting in death) LAST	i								
E Se e S	7	PART II. Other aignificant conditions	contributing to death bu	t not reaulting	In the underlyin	g ceuse given in	Part I. 24a	WAS AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
ECORE tuires that th signed by t Health and	MEDIC/	- Hyper	tension Llydsis		F.		1	PERFORMED?		MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
RECOR requires that been signed by of Health an shows any	ME	Athroso	levosis			_			- 1	YES 2 NO	
		DID TOBACCO USE CONTR		F DEATH YES INO I UNCERTAIN							
T f a a E	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	INER? HOSPITAL: OTHER								
CIAN CIAN the Street	ΙΥS	1 TYES 2 TNO  27. MANNER OF DEATH	1 Inpetient 2 ER/Outpet		4 Nursing Hom	e 5 🗆 Residence					
	РНУ	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	RK?	28d. DESCRIE	E HOW INJURY OC	CURED		
ON VDING HER T GEATH	8	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY -	- At home, ferm,	"   '   '	YES 2 NO	261 LOCATIO	(Street and Numbe	r or Burni Bou	to Mumber	
TISI TIDIR: after	E	4 Homicide 6 Could not be	building, atc. (Specify	y)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Tox	vn, State)	or runar riod	ie rearrides,	
DIV DIREC DIREC hours	LET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge, death occur	ad at the time date	and place, and due	to the course	and	and .		
	COMPL		R: On the basis of examination							nd manner ea stated.	
E HOS With	CC	296. SIGNATURE NO TITLE OF CERTIFIER				29c, LICENSE NUI				fonth, Dey, Year)	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: IT	0	Example	MO			D449	96	DF	es 2	0, 1996.	
	2	30. NAME AND ADDRESS OF PERSON WHO					•				
		Dr. Zafar Malik	20311 Lappans	Road B	oonsboro	, Maryla	and 21	713 1-3	01-43	2-8470	
<u></u>		"FEB 21 1996"	REGISTRAR'S IGNA	TURE							
	18										

BALTIMORE, MARYLAND 21215-0020

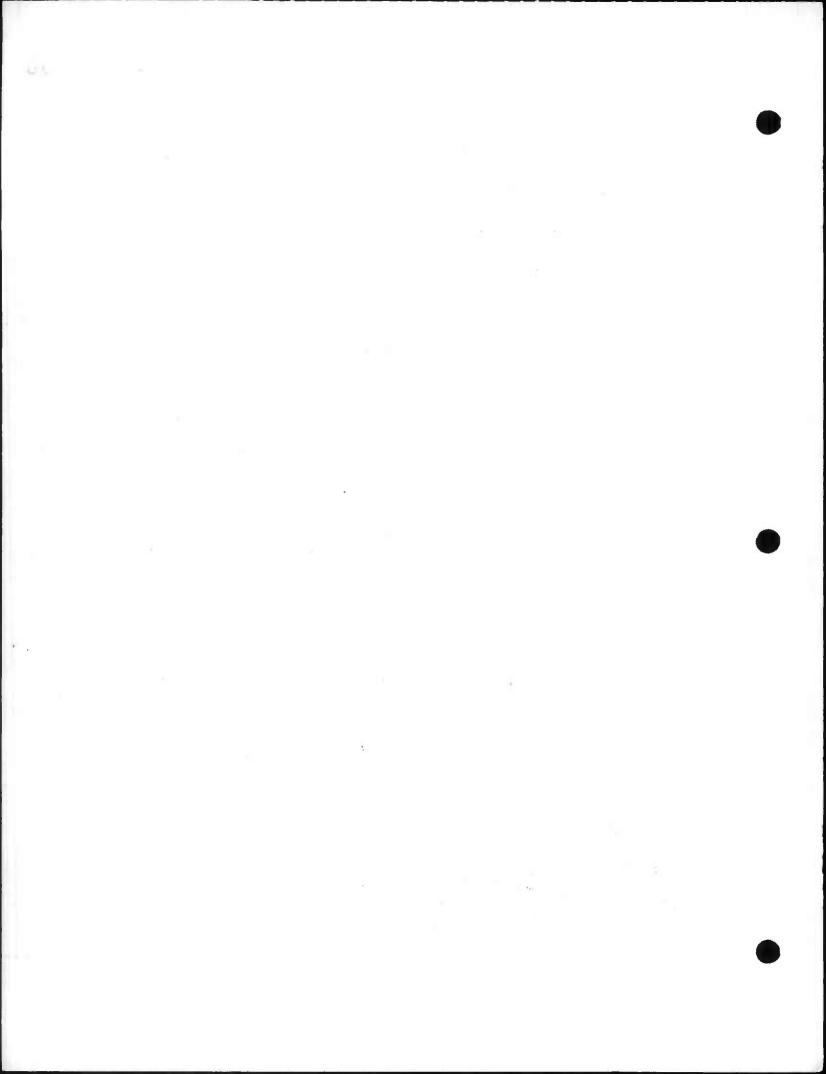
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	E	00700			
- 1	1. OECEOENT'S NAME (First, Middle, Last)		02.111110	AIL 01	DEATH	2. DATE OF GEATH		3. TIME OF DEATH			
	Mary Corbett	Bell				Feb. 20,	1996 YE	9:40 A. M			
			MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day Year)	8.1	BIRTHPLACE (State or Foreign			
	213-74-0817  9a. FACILITY NAME (If not institution, give stre	1 □ M 2 □ XF 96	YRS.			Jan. 27, 1		aryland			
œ	16509 Virginia Av			Willian	R LOCATION OF DI	EATH	Washi	of DEATH Ington			
DIRECTOR	RESIDENCE OF DECEDENT	Cride					Mabris				
E	10a. STATE 10b. COUNTY	1 .	toc. CiTY, To	OWN OR LOCATI				10d. INSIDE CITY LIMITS?			
LD	Maryland Was	shington			amsport ZIP CODE		1 YES 2 NO				
FUNERAL	16509 Virginia Ave	20116		100.	2179	5	US.				
S		12. WAS DECEDENT EVER IN	U.S. ARMEO	13. WAS DECE	ENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No- 14,	RACE — American Indian.			
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES			cify Cuban, Maxica 2 NO Specifi	n, Puerto Ricen, etc.)		Black, White, atc.  Specify:			
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S USU	IAL OCCUPATIO	M	16b. KIND OF BUS	1	White			
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (t-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mos tired.)	t of working	166. KIND OF BUS	MNESS/INDUST	NY .			
APL	12		homemake	r		home					
CO	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		7.			
BE	Charles Funk	Corbett				ine Arddl		enawalt			
2	198. INFORMANT'S NAME (Type/Print)  Catharine A. Cor	·hett				Route Number, City or Town		aryland 21795			
	20a. METHOD OF DISPOSITION	20b	PLACE ANO DATE OF D								
	20b. PLACE ANO DATE OF DISPOSITION  1 Deputed 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Competery, Cremation 1 Cremation 1 Cremation 1 Cremation 1 Cremation 1 Cremation 2 Cremation 2 Cremation 2 Crematical										
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		Gerald N. Minnich 305 N. Potomac Street							
	Luch X 11	KANICK		Funera				Maryland			
	23. PART i. Enter the diseases, or conshock, or heart feliure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lat only one cause on a	ine.			,		Approximate interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
AL	PART ii. Other significent conditions	contributing to death be	it not resulting in the	he underlying	cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
PHYSICIAN: MEDIC		HOLAY F	U VEGA	Unou	4)	1 YES 2	NNO	COMPLETION OF CAUSE OF DEATH?			
×	DID TOBACCO USE CONTRI		E DEATH VEC		TA ICEDTA II			1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH (		UNCERIAII	4 L					
SIC		HOSPITAL:		HER:	5 Residence	6 Other (Specify)					
		26b. TIME OF	F 28c. INJU	IRY AT	28d. DESCRIBE HOW II	JURY OCCURE	0				
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Dev. Year)			WORK? 1 YES 2 NO						
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆 Y	ES 2 NO						
BY	1 Netural 5 Pending		At home, farm, stree	M 1 🗆 Y	ES 2 NO	28f. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,			
BY	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	(Month, Dey, Year)  26a. PLACE OF INJURY building, etc. (Spec	At home, farm, stree	M 1 V	and place, and due	City or Town, State) to the cause(s) and man	ner as stated.				
COMPLETED BY	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	(Month, Dey, Year)  26a. PLACE OF INJURY building, etc. (Spec	At home, farm, stree	M 1 V	and place, and due ath occured at the	City or Town, State) to the cause(s) and man time, data and place, an	ner as stated.	use(s) and manner as stated.			
BE COMPLETED BY	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI	(Month, Dey, Year)  26a. PLACE OF INJURY building, etc. (Spec	At home, farm, stree	M 1 V	and place, and due	City or Town, State) to the cause(s) and man time, data and place, an	ner as stated.				
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BE COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	(Month, Dey, Year)  28a. PLACE OF INJURY building, etc. (Special Control of the basis of my knowledge)  AN: To the basis of axamination  Manager Care.	At home, farm, stree  fly)  adgs, death occurred at and/or investigation, in	M 1 V	and place, and due ath occured at the	City or Town, State) to the cause(s) and man time, data and placa, and	ner as stated.	use(s) and manner as stated.			



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 02-20-96-KB, WCHD Certificate of Death 1. Decedent'a Nama (First, Middle, Last) 2. Date of Death **Physician** · Month Robert Lee BARTON, JR. Feb 16 m /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Washington County Hospital Hagerstown If Under 1 Yaar if Under 24 Hrs.
Months Days Hours Min. 8. Date of Birth (Month, Day, 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) Funerai Days 1⊠M 2□ F Yrs May 55 Maryland Director 212-38-7807 Usuai Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Modical Examiner must be notified at 1 No Yes 2 No Directo Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1001 Corbett Street 21740 U.S.A. permit. Peges 1 end 2 should be filed within 72 hours after death 1 Depertment of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or itema 23a any injury or other traumatic event, the Medical Examinet must once. Funeral 12. Was Decedant Evar in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican indian, Biack, White, atc. 11. Maritai Status ☐Yes 2 No f Yes, Give 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 white 1 ☐ Yes 2 ☒ No If Yes, Give Yaar or Datas: þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) Elementary/Secondary (0-12) 0-9 machinist furniture 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Lucy Vugamott Vul Robert L. Barton, Sr. 19a. Informant's Name/Reletionship (Type, Pnnt) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1001 Corbett Street Apt, Hagerstown, Maryland 21740 Mrs. Virginia E. Barton/Wife 20b. Piaca of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 12 Buriai 2 Cramation 3 Removal from State Greenlawn Memorial Park 2-20-96 Williamsport, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funarai Servica Licensas 22. Name and Addrass of Facility Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, MD 21740 23a. Part1. Enter the disaase, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Physician Acute Myo cardial /Medical Immediate Cause (Final disease or condition resulting in deeth) 30 MIN. Examiner Examiner ettending physician and for use es the buriel-transit ue to (or as a consequance of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury otic Cardio Vascula arterioscler Box 68760 certificate be Physician/Medical that initiated avants resulting in death) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by The law requires 24b. Were autopsy findings available prior to completion of ceusa of death? 24e. Was en eutopsy Completed Sec 1 Yes 2 N 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certified 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 9 1 ☐ Inpatient 2 DER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Naturai 5 Pending investigation 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicide Medical 29a. Certifia: 1 🖟 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certified 29c. License number 29d. Data signed (Month, Day, Year) N09083 30. Name and address of person who completed cause of death (ttem 23a) (Type, Print) 138 E. ANTIETAM ST. HAGERSTOWN, Md 21740 PATALING HUG MD SCUAL Registrar

Physic	ian	1. Decedent's Name (First, Middle, Last)  DEAN Anthony  A. BORDENAVE		2. Deta of Deeth Month FEBUARY	Dey 19	3. Time of Dec
/Medi Exami			City, Town, or Loc	February ation of Deeth	4c. County	
		WASHINGTON COUNTY HOSPITAL HA	GERSTO	WN		INGTON
Funeral Director				8. Dete of Birth (Month, Dey, Y July 19		9. Birthplace (Steta or Fo Country) Wash. D.C.
ms 23a or 28a-f show	ctor	Maryland Washington Hagerstown				10d. Inside City Li 1 X Yes 2 □
23e or 2	Funeral Director	10a. Street and Number 255 Frederick Street 21740	)			Whet Country?
	nera	11. Marital Stetus 12. Was Decedant Evar in U,S. 13. Wes Decedent of Hispar				ce - American Indian,
natural', or its dical Examine	by	1 Navar Married 2 Married 1 Yas 2 No	Maxican, Puarto H Specify:	tican, etc.)	Specify	ck, White, etc. y: White
than he May	Completed	15. Decedant's Education (Spacify only highest grede complated)  Elemantery/Secondery (0-12)  College (1-4or 5+)	ing most of workin	99		usiness/industry
other out,	To Be Co	77/12/	. Mother's Name	(First, Middle, Me		
and Menta le marked sumetic e	-	19e. Informent's Name/Relationship (Type, Print)  19b. Meiling Address (Street and				, State, Zip Code)
tem 2		Nancie L. Shindledecker  20e. Method of Disposition  1 Burial 2 Cremetion 3 Removal from Stata  20b. Plece of Disposition (Name of cematery, cremetory or other place)	Street			Iaryland 2174 City or Town, Stete
Department of Important: If I eny Injury or office.		4 □ Donetion 5 □ Other (Specify)  21. Signature of Funerel Service Licensaa  22. Nema and Addrass of	A Financial Control		gersto uneral	own, Marylan Home
weleian		23a. Part1. Enter tha disease, or complications that caused the deeth. Do not antar tha mode of dying, su shock, or heart feilure. List only one ceuse on each line.	on Blvd.	Hagers	stown,	Md. 21740 Approximate Interval Between
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nysician Medical Kaminer	Examiner	23a. Part1. Enter tha disease, or complications that caused the deeth. Do not antar tha mode of dying, su shock, or heart feilure. List only one cause on each line.  Immediate Cause (Finel disease or condition rasulting in deeth)  ATHEROSCLEROTIC CARDIOVASCULAR DISE  Due to (or as a consequence of):  Due to (or es a consequenca of):	on Blvd.	Hagers	stown,	Md. 21740 Approximate Interval Between
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certificate has been signed by the attending physician and in pro- rector, page 2 should be detached for use as the burial-transit.	Be Completed by Physician/Medical Ex	23a. Part1. Enter tha disease, or complications that caused the deeth. Do not antar tha mode of dying, sushock, or heart feilure. List only one ceuse on each line.  Immediate Cause (Finel disease or condition rasulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Lest  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  d.  Pert It. Other eignificant conditions contributing to death but not resulting in the underlying cause given in examiner?  Description:  25. Wes case referred to medical examiner?	SON Blvd.  BLASE  ASE  Part I.	23b. Did toba 1 Vea  24a. Wes en e performe 1 Vas  (Check only one)	eutopsy	Md. 21740  Approximate Interval Betwee Onset and Deal  ontributs to the cause of de 3 Probably 4 Unit under a united prior to completion of caus of death?
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or death.  ector: After this certificate has been signed by the attending physician and in poor to the funeral director, page 2 should be detached for use as the burial-transit and in poor to the funeral director.	Certification: To Be Completed by Physician/Medical Ex	23a. Part1. Enter tha disease, or complications that caused the deeth. Do not antar tha mode of dying, sushock, or heart feliure. List only one ceuse on each line.  Immediate Ceuse (Finel disease or condition rasulting in deeth)  Bequentially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Disease or Injury that Indited events rasulting in deeth) Lest  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  C. Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  C. Due to (or as a consequence of):  Due to (or as a conseque	SON Blvd.  Blvd.	23b. Did toba 1 Ves  24a. Wes en a performe  (Check only one)  1a 5 Residence  8d. Describe how  8f. Location (Stree City or Town, S	acco use consider to the state of Numberstate)	Approximate Interval Between Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat O
filer this certificate has been signed by the attending physician and in pour interestion, page 2 should be detached for use as the burial-transit and continued in the continue	To Be Completed by Physician/Medical Ex	23a. Part1. Enter tha disease, or complications that caused the deeth. Do not antar tha mode of dyling, sushock, or heart fellure. List only one ceuse on each line.  Immediate Ceuse (Finel disease or condition rasulting in deeth)  ATHEROSCLEROTIC CARDIOVASCULAR DISE  Due to (or as a consequence of):  Due to (or	SON Blvd.  Blvd.	23b. Did toba 1 Ves  24a. Wes en e performe  1 Vas  (Check only one)  1a 5 Residence  8d. Describe how  8f. Location (Stree- City or Town, 3	t,  t,  t,  t,  town,  t,  town,  tow	Approximate Interval Between Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat and Deat Onsat O

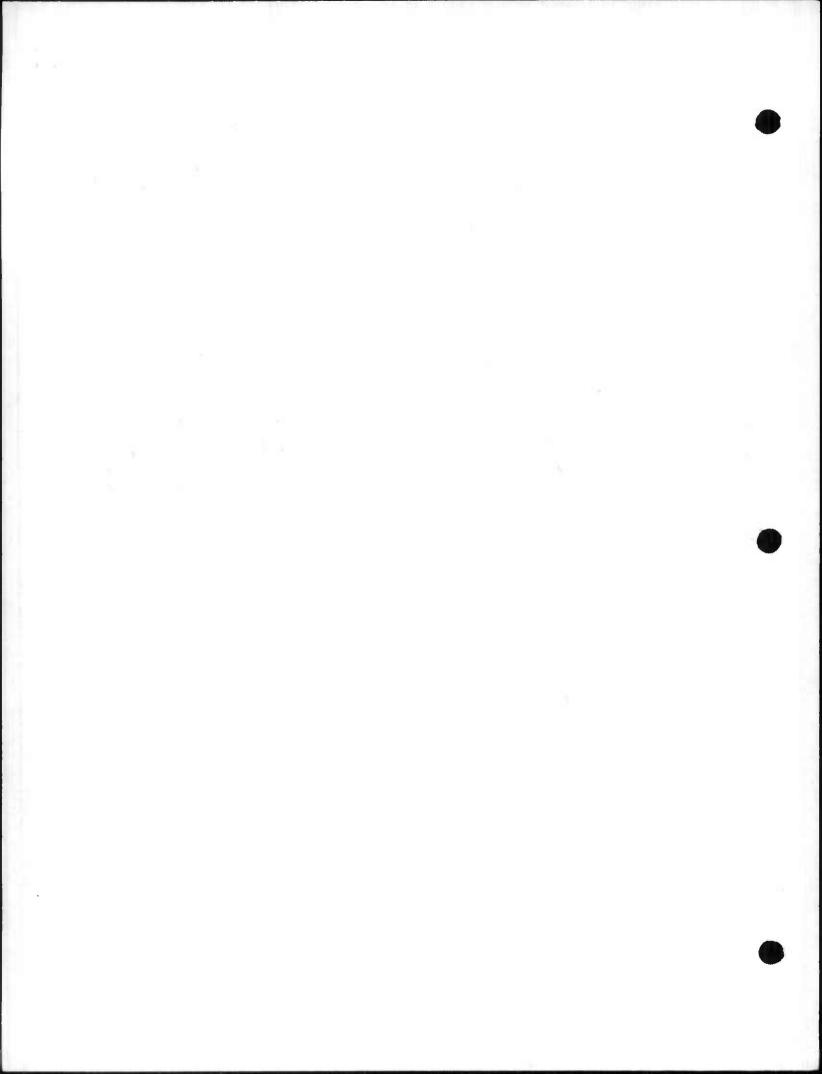
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within #4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dest, of Health and Mental Horiene orfor to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR ATTER	THE FUNERAL DIRECTOR of filed within 72 hours after	MPORTANT: If Item 28

31. DATE FILED (Month, Day, Year) FEB 2 1 1996

FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPAR CERTIF			ALTH AND	MENT	AL HYGIEN	E		00/91
1. DECEDENT'S NAME (FIRS	i, Middle, Last)	M	· · · · · · · · · · · · · · · · · · ·	Ŀ	BARK	RE	TT	MON	E OF DEATN	14	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUM 186-16-0093		5. SEX 2 M 2 □ F	6. AGE (In	yrs. last birthday) 2 yrs.	IF UNDER 1		IF UNDER 24 HRS. HOURS MIN.	'7. DAT	E OF BIRTH nth, Day, Year)	23		ACE (State or Foreign
on. FACILITY NAME (If not in Charlotte	Hall		Home				te Hall	EATN T		9c. COU	Mary	Н
nesidence of decided to state  Maryland	10b. COUNTY	ce George	216		ry, town on						10	d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 14302 Ducke					Laray	101, 2	ZIP CODE 20613					T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div	Merried	12. WAS DECEDEN FORCES? XI IF YES, GIVE V	T EVER IN U XX YES WAR OR DATE	.S. ARMED 2 NO ES	48 3	AS DECEN	NDENT OF NISPA	en, Puerte				American Indian, filts, atc.
15. DEC (Specify on Elementary/Secondary (	CEDENT'S EDUC ly highest grade 0-12)	CATION completed) College (1-4 or 5	+)	6a. DECEDENT'S (Give kind of life. Do NOT u.	work done du se retired.)	CUPATION ring most	of working		sb. KIND OF BUS			
17. FATHER'S NAME (First, A George C.		tt			<u> </u>		16. MOTHER'S NA Bevlar	AME (First	, Middle, Maiden			
19a. INFORMANT'S NAME (	Type/Print)						Road, E	Route Nui	mber, City or Town			20613
20a METHOD OF DISPOSITE AND ADDRESS OF THE PROPERTY OF THE PRO	TION on 3 - Remo	oval from State	20b.Pf	ACE AND DATE	"Natio	onal	Leb 23, Cemete	ery	Arli	ngto	n, Vir	stata ginia nc 6633
23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fid disease or condition resulting in death)	sert reliure.	i. Chr	anic	Obstru	not enter the	he mode		ch ss ca	rdlec or respl			Approximets Interval Between Onset and Deat
Sequentially list condition of the condition of the cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	diete ING iry	DUE TO	(OR AS A CI	ONSEQUENCE O	F):							
PART II. Other signification of the signification of the signification of the significant	2.40	Discose	deeth but	not resulting	In the unde	eriying (	ceuse given in	Part I.	24s. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
DID TOBACCO U	SE CONTR			DEATH YE			UNCERTAI	N 🗆			1[	YES 2 NO
1 YES 2 NO		HOSPITAL: 1 Inpetient 2 I				ng Nome	5 - Residence	_				
1 Natural 5 _	Pending Investigation	(Month, D	sy, Year)		JURY M				ESCRIBE HOW IN			
4 Nomicide	Could not be determined	building,	atc. (Specify)	At home, term,	atreet, factory	y, office		281, LO C/t	CATION (Street a y or Town, State)	nd Number	or Rural Route	Number,
		CIAN: To the best of R: On the besis of a										d manner as atated.
29b. SIGNATURE AND TITLE	Gh	_				2	D3899				SIGNED (Mo	14 14 1994
30. NAME AND ADDRESS O	- Dies	em 3	13-0	HOSPIT	ואר ו	ROA	b PR	in (E	FREDE		mo	81001
31. DATE FILED (Month, Day, FEB 2	1 1996	32. REAISTRA	R'S SIGNATION	ine Revoluti								



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 05792

		Decedent's Name (First, Middle, L.	est)		Certificate of	Death 2. Date	Reg. No.	3. Time of Death
Physic	ian	Felicia Bor	•				14,1996	10:30 AM
/Medi						4b. City, Town, or Location of		
Exami	ner	4a. Facility Name (If not institution, gi Hebrew Home Of Gr		noton		Rockville	Death 4c. County Montgo	
Funeral Director	Ė	Social Security Number 6.	Sex 7. Age (	In yrs. last birt	thday) If Under 1 Year Months Days		of Birth	Birthplace (State or Foreign Country)     Cland
		Usual Residence of Decedent	A I	OI.		pec s	10,1074	Olara
Merylence and show	ctor	10a. State 10b. County Maryland Montgome		oc. City, Town Rock	or Location ville			10d. Inside City Limits 1 ☐ Yes 2 No
ith with the 23s or 28	Funeral Director	10e. Street and Number 6121 Montrose A	we.		10f. Zlp Code		10g. Citizen of V United	
d 2 should be filed within 72 hours efter death with the Meryland thand Mentlet Hygiene. If I marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examiner must be notified at	þ	11. Marital Stetus  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Foreas? 1  Yes 2 No If Yes, Give Year or Dates:	er in U,S.	13. Was Decedent of If Yes, specify Cub	Hispanic Origin? (Specify Yes o an, Mexican, Puerto Rican, etc Specify:	or No- 14. Rac Blac Specific	e - American Indian, k, White, etc. Lte
72 ho	Completed	15. Decedent's E (Specify only highest gr	ducation	16a.	Decedent's Usual Occu	pation	16b. Kind of Bu	siness/industry
ithin	nple	Elementery/Secondary (0-12)	College (1-4or 5+)			during most of working d)		
filed with Hygiene. offer ther	S	12		Co	ncert Piani		Musicia	
d off	å	17. Father's Name (First, Middle, Las	)			18. Mother's Name (First, Mi		Θ)
2 should be f and Mentel I is marked of reumatic eve	2	Israel Rybier				Roza Hanworke		
		19a. Informant's Name/Relationship Bob Gerber		29	39 Van Ness	s St. Apt # 224		
0 5 = -		20a. Method of Disposition 1 ☐ Burial 207 Fremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci			Disposition (Name of y, cremetory or other ple ematory Ja			City or Town, State  Maryland
permit. Pege Department of Important: If any injury or once.		21. Signature of Educat Service Lice	,   Jese	1		ess of Facility Lee Fur Ferry Rd, Cli		
Physician /Medical Examiner	er.	23a. Pert1. Enter the disease, or conshock, or heart failure. List only  Immediate Cause (Final disease or condition resulting in death)	8	an	tot enter the mode of dyles that we consequence of):		ory arrest,	Approximate Interval Between Onset and Death few
eath certificate be executed attending physician and for use as the buriel-transit	n/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c		onsequence of):			
thet the death ed by the atte	Physician/M	Pert II. Other significant conditions						ntributa to the cause of death
signed by	by Ph	atheroscle	votic co	ardi	ovaseu	lar diseas	Yes 2N No	3 Probably 4 □ Unknow
peen shoul	Completed b						Was an autopsy performed?	24b. Were autopsy findings aveilable prior to completion of cause of death?
The law ate has page 2	E C						ID Vas aking	1 ☐ Yes 2 ☐ No
	Ö	25. Was case referred to medical				On Diagram of Death (Oharda	TE TES ZATINO	1 1 195 2 NO
	0 8	examiner?	Hospital:	• T = D = 0	Ot Don Ot	28. Place of Deeth (Check of the check of th		(0.17.)
Phys r this aral d	-	27. Manner of Death	1 ☐ Inpatient	2 ER/Out	ime of 28c. Inju	her: 4 Nursing Home 5 I	ribe how injury occur	
ding i	to	1 Naturai 5 Pending investigation	(Month, Dey Y		njury Wo	rk? ]Yes 2□No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
l or Attanding effer deeth. Director: Affei I in by the fune	ertification:	2 Accident Investigation 3 Suicide 6 Could not be determined.	000 01000 01101		m, street, factory, office	28f. Locat	ion (Street end Numb or Town, State)	er or Rural Route Number,
Hospital	edicai C	29e. Certifier (Check only one)  1 Certifying Pl 2 Medical Example 1	Initial. Oll the basia of ex	armination and	TO ILLA A SUGATION IN THE LINE	me, date and place, end due to opinion, death occurred at the t	illie, date and place,	and due to the causets)
within 2 To the	N P	29b. Signature and title of certifier	and the state		29c. Licen	se number	29d. Date signe	i (Month, Day, Year)
F 3 F 8			elllaw		N	122616	Tani	11/ 1991
				nv)	7	7-518	~ AN	14/1776
		30. Neme and address of person who	completed cause of deat	h (Item 23a) (	Type, Print)  Levelle 1	se number 42518 Pirts #316	Rocke	rille, MD.
Sta Registi		31. Date filed (Month, Dey, Year) FEB 2 1	32. Registrer's	Signature	Rardall			

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PITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	T: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECT	be filed within 72 hours a	IMPORTANT: If item 28 is m

•	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICAT				HYGIENE REG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH			TIME OF DEATH
r L		Marion John	Bullion			Feb.	7 <b>DAY</b>	1996	AR 5	:30 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (h		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		8,	BIRTHPL	NCE (State or Foreign
	179 07 0133  Se. FACILITY NAME (If not institution, give st	152 M 2 □ F 87	YRS. MONTH		HOURS MIN.	Oct.	5, 19	08 Da		n Ohio
DINECTOR	Anne Arundel Medi			innapo	lis	EATH		Anne		
ايُ	10e. STATE 10b. COUNTY	1	10c. CITY, TOW	OR LOCATI	ON				10-	d. INSIDE CITY LIMITS?
i	Maryland Anne	Arunde1	Cro	fton					11	YES 2 WO
	10e. STREET AND NUMBER			101,	ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
	1735 Tarrytown	Ave.			21114			Uni	ted	States
DI I ONEWAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12, WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	27 NO	if yes, spe	NOENT OF HISPAN city Cuben, Mexice 2 XXNO Specifi	n, Puerto Ric		or No- 14.	Black, W Specify:	American indian, hite, etc. White
		0.7.0						- 1		MILLE
COMPLETIES	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	ne during mos	N t of working	16b. K	IND OF BUSI	NESS/INDUST	RY	
		2	Clerk				Sun Oi	1 Com	pany	
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mic	idle, Melden S	urname)	7	
D D D	Henry C. Bullion	n			Anna G	lasie	r			
	19e. INFORMANT'S NAME (Type/Print)	**	196. MAILINO ADDRE	SS (Street en	d Number or Rural	Route Number	City or Town,	State, Zip Co	de)	
2	Rosemary B. Morse	on	1735 Ta	arryto	own Ave.	Cro	fton M	laryla	nd	21114
	20e. METHOD OF DISPOSITION  1 🔀 Burlat 2 🗍 Cremetton 3 🗍 Remeted  4 🗍 Donetton 6 🗎 Other (Specify)	oval from State 20b.	PLACE AND DATE OF DISP etery, cremelory or other place. Peter &	OSITION (Nac	ne of	2/12	20c. LOC.	nrino	or Town,	State d. P.a.
	21. SIGNATURE OF FUNERAL SERVICE LIG		O 2	2. NAME AN	D ADDRESS OF FA	CILITY				
	Robert &	. Cvans			E. Eva Annapol					
NOUN	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	<del>/ .</del>						Interval Betwee Onset and Dast
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
THE SIGNAL MEDICAL	PART II. Other significant condition  Dehydration  CHA	ns contributing to death be	ut not resulting in the	undarlying	causa given in	1	PERFORM PERFORM 1 YES 2	IED?	AN CC DI	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 P NO
	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	NO 🗆	UNCERTAI	N 🗹				
	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ck only one)						-
5	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp	etlent 3 DOA 4 DI		5 Reeldence	6 Other	(Specify)			
	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME OF	28c. INJU	JRY AT		RIBE HOW IN	JURY OCCUR	ED	
- 4	1 Natural 5 Pending	(Month, Day, Year)	INJURY M	1 🗌 Y	ES 2 NO					
200	2 Accident Investigation 3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, term, street, (	actory, office	)		ION (Street er Town, State)	d Number or	Rural Roul	e Number,
COMPLE	anal and	ICIAN: To the best of my knowl							ause(a) a	nd manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R		1	29c. LICENSE NUI	MBER		29d, DATE 9	IGNED /M	onth, Day, Year)
20	12. 01	2000			D25	-124		D 2/	7/9	6
2	30. NAME AND ADDRESS OF PERSON WHO CAROL PRESSE	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	RE	72A/	C.Ro.	FIM	1 NS		2///4
	31. DATE FILED (Month, Day, Year) FEB 13 1996	JEGISTRAR'S TIGH	Karlett		7		, ,			(' )

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## Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

ITEMS: 23 PART I, II, 27, 28a-f, PER MEO FILM G-733 3/11/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

	Phys /Me Exar
	Funer Direct
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumstic event, its Medical Espiritive mail be notified as
•	Physicia /Medic Examin

	71	1. Decedent's Name (First, Mi	ddle, Last	')							2	2. Date of Dea			3. Time of Death
Physici		JOSEPH		VELTO	ON		BOI	JTTE	т.	R.	A T.	Month JUARY	28, 19	9 9 6	8:45AM
/Medic Examir		4a. Facility Nama (If not institu	tion, giva					<u> </u>				ation of Death	4c. County		0.43AII
Exami		5115 SUITLA	ND I	ROAD						SUITI	LAND.		PRIN	CE G	EORGES
Funeral		5. Social Security Number	6. Sa		7. Aga	(In yrs. la	ast birthday)	If Under	1 Year	If Under:	24 Hrs. 6	Data of Birth		9. Birthp	olace (Stata or Foraign
Director		578-90-2322	15	₹M 2□F		36	Yrs.	Months	Days	Hours	Min. O	Month Day	,1959	Vii	rginia -
D		Usual Residence of Decedent													
how		10a. State 10b. Coul	nty			10c. City,	, Town or Lo	cation						1	Od. Inside City Limits
e Ma	cto	DC	None	9		Wa	shing	gton	, D	. C.					Yes 2□No
or 28	Oire	10e. Street and Number						10f. Zip				1	0g. Citizan of		ntry?
23a	ai C	2350 Q Stre	et,	S. E	•					20020	)		USA	1	
permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health end Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23e or 28e-f ehow any injury or other traumatic event, in Medical Evant her must be notified at ance.	Funeral Director	11. Marital Status		12. Wes Dec Armed F	cedent E	ver in U,S	6. 13.	Vas Dece	dent of H	lispanic Original	gln? (Speci	ify Yas or No-		e - Amaric	can Indian,
or it		1√2 Never Married 2 ☐ M		Y Yas	2 🗆 N	0		1 □ Yes	_	Specify:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , ,			
iral',	d by	3 Widowed 4 Divord	ed	Year or E					X	-,,-			Эресп,	v: B1a	1CK
72 h	Completed	15. Deced (Specify only hig			)		16a. Deced (Give	kind of wo	rk done	during most	t of working	7	16b. Kind of B	usiness/in	dustry
Mary Service	mpi	Elementary/Secondery (0-12	!)	College (	(1-4or 5-	+)		DO NOT u		<sub>d)</sub> n Wor	rkor		Drivat	- A T	ndustry
hod v		47 Falbada Nama /Finst Midd	(- (4)	3			COILS	or uc	CIO.						loustry
tail H	Be	17. Father's Name (First, Midd								16. Mothe	ers Name (	rirst, Middle, i	Maiden Suman	ne)	
Mer Mer	2	Joseph Bou									-	rton			
le ri		19a, informant's Name/Relation						-	,				r, City or Town,		
iealti m 27		Joseph Bout	e,S	r.(Fa	the					et, S	5 . E . ;		., DC		
H tof H		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramatic	n 3 □F	Removal from	State	CB	netery, crer	natory or c	ther pla	ce)	FE		20c. Location		
ment:		□ Denation 5 □ Other				KIV	erda	re C.	cem	atory	, , ,	B 5 1996	River	ате	, MD.
eper eper mpor ny In		21/Signature of Funeral Servi	os Licens	19			R	Name ar	M Addre	ITITAN	ns Fu	neral	Servi	ce	
20 = a		1 repl	2/1	llle	1/c	>	5	17 -	11	th St	reet	, S.E	.; Was	sh.,	DC
		23a. Part1. Enter the disease, shock, or heart failure. L	or complist only o	lcations that	caused each lin	the death. e.	Do not ent	er the mod	e of dyl	ng, such as	cardiac or	respiratory arr	est,		Approximate Interval Between
Physician															Onset and Death
/Medical Examiner		Immediate Ceuse (Final disease or condition		NARCO	OTIC	INTOX	ICATION	COMPL	ICATE	ED BY H	YPOTHE	RMIA			
Lxummer	L	rasulting in death)			(	Due to (or	as a consec	uence of):							
sit ad	ine			b										1	
certificata be axecuted nding physician end use es the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			(	Due to (or	as a consec	uence of):							
cian cian cunia		Cause (Disease or Injury	2	c.			Pitts_								
cata chysi the	an/Medical	that initiated events resulting in death) Last				Due to (or	as a conseq	uence of):		1				į	
ding page 68	Me		L.	d										į	
는 p	lan													1	
res thet tha designed by the a	Physic	Part II. Other significant cond	itlons co	ntributing to d	leath bu	t not resul	lting in the u	nderlying o	ause gh	ven in Part I	l.	23b. Dld to	bacco uss co	ntributs to	o the cause of death?
thet til ad by dated	품	ACQUIRED IMMUN	ODEFT	CIENCY S	SYNDR	OME						1 U Y	ss 2 No	3 Pro	bably 4 ☐ Unknow
The law requires thet tha dea ate has been signed by the at paga 2 should be dateched fo	d by											24e. Was a	n autoney	24h W	ere autopsy findings
w require been sig	Completed											perform		av	allable prior to impletion of cause
has has	mp											51		of	death?
												1×1	as 2 No	1[	☐ Yes 2☐ No
certificate	Be	25. Was case referred to medi examiner?		lospitai:					011			Check only or			
this c	5	XXVes 2 No		1 1 1	Inpatiar		R/Outpatian		//				ence 6 XIOth		y) YARD
al or Attending Pt s efter death. Il Director: After th ed in by the funerel	Certification:	27. Manner of Death 1 □ Natural		28a. Date (Mor	of Injury		28b. Time of FOUNDry		8c. Inju Wo		_		ow Injury occur	rea	
tor: the	icat	2 ☐ Accident Inve	stigation	1-28-			7:17	A M		Yes 2XX	-	UNKNOWN	ten at a a d \$h em	haras Dur	al Route Mumber
or A after Direction by	it.	4 ☐ Homicide dete	mined	build	ling, etc.	. (Specify)	ne, farm, str		, once					00 000	DCREEK DR.
pital oral [		29e. Certifier 1□ CartIf	dog Dh	elolon, To the	n hant -				at the Al	ma dete e -		SUITLAND	-	00000000	tatod
o the Hospital or Attending Physician: initing 2 hours side deals side deals othe Funeral Director: After this certific empletaly filled in by the funeral director,	edical		ai Exami	nar: On the b and man	pasis of	examination	on and/or in	estigation	, in my o	opinion, dee	ith occurred	at the time, d	ause(s) and mate and place,	and due to	the cause(s)
ithin public pmpli	Me	29b. Signifture and title of certi	fier	andinal	I //	1	- 1	290	Licens	se number		2	9d. Date signe	d (Month.	Day, Year)
1		DI KIN I	NV	TUR	W.	A	),/		) C	M E			A NIII A DA		

Registrar

JEMM11 Penn Street, Baltimore, Maryland 21201

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Division of Vital Records, P.O. Box 68760,

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death Month Veer DGAR BUILER FEB 1996 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death ADVENTIST HOSPITAL ITAKOMA PK F Sex 7. Age (In yrs. last birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth Months Days Hours Min. (Month, Day, Year) WASHINGTON PRINCE GEORGE 6. Sex 12°M 2□ F Birthplace (Stata or Foreign Country) 2/3-26-8254 Usual Rasidance of Dacedent 07 02 MARYLAND 10b. County 10c. City, Town or Location 10d. Inside City Limits Yas 2□ No PRINCE GEORGE CAPITOL 10e. Street and Number 10g. Citizan of What Country? 505 SUFFORD STREET 20743-4005 4.S.A 12. Wes Decedant Evar in U,S. Armed Forces? 1 ☑ Yas 2 ☐ No KYes, Giva Year or Datas: Wes Dacedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Rece - Amarican Indian, 11. Maritei Stetus Biack, Whita, atc. 1 Never Merriad 2 Married 1□ Yas 2 No Specify: BLACK 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Dacadent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) trivate 12 MINISTER 17. Father's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumama, JENNIE WILLIAM I LOUISE CAMPBELL 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stefa, Zip Code) P. PELHAM COROLYN 20a. Mathod of Disposition 2720 KINGSWAY ROAD-FT. WASH, MD 20748 Data 20c. Location - City or Town, Stata Buriai 2 Cremetion 3 Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Spacify) HARMONY MEMORIAL PK 2/17/96 21. Signatura of Funarai Sarvice Licensee AND DERIV 3821-14THSTNW, WASH DC, 2001 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediata Cause (Fine) diseasa or condition rasulting in daath) 1 Month as a consaguence of) Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Ceuse (Disaasa or Injury that initiated avants rasulting in death) Lest Due to (or as a consequence of): Dua to (or es e consequanca of): Part II. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24a. Was an autopsy performad?

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

10a. Stata

MD

Director

Funeral

ρ

Completed

Be 10

**Funeral** 

Director

permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Heelth and Mentel Hygians. Important: If flem 27 is marked other than "natural", or flems 23a or 28a-f show any Injury or other traumatic event, the Medical Example.

Baltimore, Maryland 21215-0020

Box 68760

Division of Vital Records, P.O.

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours efter death.

To the Funeral Director: After this certificate has been signed by the ettending physician and ettending physician for use as the burie Completed funeral

Examiner

Physiclan/Medical

by

Be

Certification: To

Medicai

25. Wes casa ratarred to medical axaminar?

26. Place of Death (Check only ona)

24b. Wara autopsy findings availabla prior to completion of cause of deeth?

1 ☐ Yas 2 ☐ No

Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify)

1 Yes

28c. Injury at Work? 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

2 KI No

29a. Cartifian (Check only one)

29b. Signature and title of certifier

1 Yas 2 No

5 Panding

Invastigation 6 Could not ba dataminad

27. Mennar of Daath

1 Naturai 2 Accident

3 Suicide

4 Homicide

Certifying Physician: To the best of my knowledge, daath occurred at the time, data end piece, and dua to tha causa(s) and mennar as statad.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end piece, and dua to the cause(s) end mennar statad. 29c. Licansa number

29d. Date signed (Month, Dey, Year)

30. Nama and addrass of person who complated causa of death (Item 23e) (Type, Print)

Mitchelville 060 20716 so wie 31. Dete filed (Month-Day, Yearly

1 Inpatiant 2 □ ER/Outpatiant 3 □ DOA

28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify)

28b. Tima of

State Registrar

completely

6

996 Anni Andrew

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT	IT OF HEALTH AND	MENTAL HYGIEN		
- 12	1. DECEDENT'S NAME (First, Middle, Last)	BROOKS			2. DATE OF DEATH MONTH DATE OF STATE OF	AY YEAR	3. TIME OF DEATH 9:55 Am M
1	The state of the s	5. SEX 6. AGE (In yrs. In 6. 9	YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.  TY, TOWN OR LOCATION OF 1	7. DATE OF BIRTH (Month, Day, Year) 3/8/26	8. BIRTI- Counts Mar	PLACE (State or Foreign y) yland
TOR	Holy Cross Hosp			lver Sprin		9c. COUNTY OF D Montgo	
DIRECTOR	Md. Prir	nce George's	10c. CITY, TOWN	or Location Pleasant	Seat Plea	sant	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	716 Booker I			10f. ZIP CODE 20743		U.S.A	TOTAL PROPERTY.
B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 20 IF YES, GIVE WAR OR DATES	RMED 1:	I. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1 YES 2 NO Spec	an, Puarto Rican, atc.)	Black	- American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	n. Do NOT use retired	during most of working )	16b. KIND OF BUS		
BE COM	17. FATHER'S NAME (First, Middle, Last) Richard H. Ho		Homemak	18. MOTHER'S N	Own  AME (First, Middle, Meiden istina M.	Surname)	t
10	Florence L. Duc	kett	Same a		ve	n, State, Zip Code)	
	20a. METHOD OF DISPOSITION t X Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Mary	yland Na	osiTion(Name of 2/3) at'l. Mem.	Pk. Lau	cation — city or to rel, Md	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			H.S.Washii 4925 Burro	naton & S	ons,Inc	
	23. PART i. Enter the diseases, or cor ahock, or heart fellure. Lie	mplications that caused the d at only one cause on each lin	seth. Do not ente	or the mode of dying, au	ch as cerdlec or reapi	ratory arrest,	Approximata Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Agriculta DUE TO (OR AS A CONSE	EQUENCE OF:	eumania			Onset and Daeth
NOIL	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSE	S Culter EQUENCE OF):	Acciden	Z		years
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):	ind ovase	nle A)	cuse	yens
¥.	PART II. Other aignificant conditions of the con	11.	resulting in the c		Part I. 24a, WAS AN A PERFORE	MEO?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
N: MEDIC	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF DE/	ATH YES	NO  UNCERTAI	N 🗆		1 NES 2 NO
SICIA		26. PLA HOSPITAL: Unpatient 2 - ER/Outpatient :	CE OF DEATH (Chec	R:			
Y PHYSICIAN:	27. MANNER OF DEATH  1 Pantural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa		281. LOCATION (Street a: City or Town, State)	nd Number or Aural A	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, do On the basis of examination and/or	eath occurred at the	time, data and place, and du-	o to the cause(a) and man	ner as stated.	and manner as stated.
BE C	29b, SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO O		EM 27) (Type, Print)	1 D 41	16000- 1	Jan 1) 20	30, 1996
	31. DATE FILED (Month, Day, Year) FEB 12 1996	32 REGISTRAR'S SIGNATURE	44	j rucy "	rection 10	ID CO	100

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an interned death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIEN REG. NO
STATE		
***************************************	OEITH TOATE OF DEATH	REG. NO

	1 - STATE REGISTRAR		STATE OF N	C	ERTIF	ICAT	F OF	DEAT	ГН	PEC	NO.			
	1. DECEDENT'S NAME (First, A	Alddle, Last)	-					DEA		2. DATE OF DEA				3. TIME OF DEATH
	Matthew Edwa	rd Ca	nnon							January	DAY	199	YEAR	
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS	7 DATE OF BUR	м		a Burry	1500 M  IPLACE (State or Foreign
,	222-62-5422		1 [X] M 2 [] F	27	YRS.	MONTHS	DAYS	HOURS	MIN.	February	75 1	1968	TOUR	aware
	9s. FACILITY NAME (If not insti	fution olim et	4.5			ab OIT	V 200001 (	OR LOCATI				_		
Œ				1 m ****	- \					HTA	1		ITY OF D	EATH
2	1271 Crystal	Beac	h Road (	AT HOM	<u>E)</u>	Ea	arlev	7ille				Ce	cil	
E S		10b. COUNTY	,		10c. CIT	TY, TOWN	OR LOCAT	TION						10d, INSIDE CITY
DIRECTOR	Maryland	Ce	cil			Ea	arlev	7ille						LIMITS?
	10a. STREET AND NUMBER							, ZIP CODI			- 14	loo CITI	ZEN OF Y	WHAT COUNTRY?
H.	1271 Crystal	Roac	h Poad					2191	a		- 1			tates
BY FUNERAL	11. MARITAL STATUS	Deac	12 WAS DECEDEN	T EVER IN U.S. AL	MED	12	WAS DEC			IIC ORIGIN? (Spec				
II.	1 Never Married 2 M	smed	FORCES? 1 IF YES, OIVE W	YES 2 X	NO	1 '5'	Il yes, sp	ecify Cuba	n, Maxicar	n, Pusrio Rican, el	C.)	No-	Black	E — American Indian, k, White, etc.
	3 Wildowed 4 Divorce	ed	IF TES, GIVE W	AR OR DATES			1   YES	2 X NO	Specify	r:			Whi	
8	15. DECED	DENT'S EDUC	CATION	16a. Di	ECEDENT'S	USUAL C	CCUPATIO	ON		16b. KIND C	F BUSIN	ESS/IND		ite
ы	(Specify only h		College (1-4 or 5 +	- 10	live kind of a. Do NOT u	work done se retired.)	during mo	at of working	g	30000000				
집	9				nstru	ctic	n Wo	orker		Co	nstr	uct	ion	
COMPLETED	17. FATHER'S NAME (First, Midd	dle, Last)						18, MOTA	IER'S NAI	ME (First, Middle, M	alden Sur	mame)		
	Roger Otis C	annon	Jr					Mu	by M	lary Llo	vd	R	uby	mary Lloyd
BE	19s. INFORMANT'S NAME (Type			19	b. MAILING	ADDRES	S (Street a			Route Number, City				
2	Roger Otis C	annon	.Ir							ad, Ear				21919
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation			20b. PLACE					II NO					wn, State
	1 Burlel 2 K Cremation 4 Donation 5 Other (S	3 Remo	oval from State	cemetery, cri	ematory or o	ther plece.	1		10	1				
	21. SIGNATURE OF FUNERAL	//	ENSEE	- ICapito	r Crei	22.	NAME AN	ND ADORES	IO,	1996 I	ower,	Lei	a value	2
	▶ William	T V	ina Ind	nh. W	1	Fe	11ow	s Fu	nera	1 Homes	, P.	A.		21913
	***************************************		ing Jr	1111111	-	$\frac{1}{2}$	26 Ea	st M	ain	Street,	Cec	ilte	on,	Maryland
	23. PART I. Enter the dise shock, or hea	eases, or c ert fallure. I	omplications that List only one cau	coused the de	eth. Do	not enter	r the mo	de of dy	ng, such	n as cardiac or	reapirat	ory arre	eat,	Approximate Interval Between
			, , , , , , , , , , , , , , , , , , , ,											
	IMMEDIATE CAUSE (Finsi		19		11			0						Onset and Death
	disease or condition resulting in death)		CA	ZBON 1	Mor	10×	OE	Po	150	いいろ				Onset and Death
	disease or condition		DUE TO	(OR AS A CONSE			OE	Po	150	N, NG	<u> </u>			Onset and Death
NO	disease or condition resulting in death)		DUE TO	COR AS A CONSE	OUENCE O	F):	OZ	Po	150	N, NG	•			Onset and Death
VTION	disease or condition resulting in death)  Sequentially list condition if any, leading to immedia	ns, ote	DUE TO	(OR AS A CONSE CLOSE (OR AS A CONSE	OUENCE O	F):	OZ	Po	150	いいろ	9			30MIN
ICATION	disease or condition resulting in death)  Sequentially list condition	ns, ote	DUE TO SUI DUE TO OUE TO	OR AS A CONSE CLOE OR AS A CONSE OR AS A	OUENCE O	F): F):	OZ	- Pc	150	とことの				Onset and Death
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ICAL	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ns, ete G	DUE TO	OR AS A CONSE COR AS A CONSE OR AS A CONSE OR AS A CONSE	OUENCE O	F): F):				Part I. 24a. W		07	24b.	Onset and Death 30M(N 30M(N) MONTHS
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BALTIMORE, MARYLAND 21215-0020

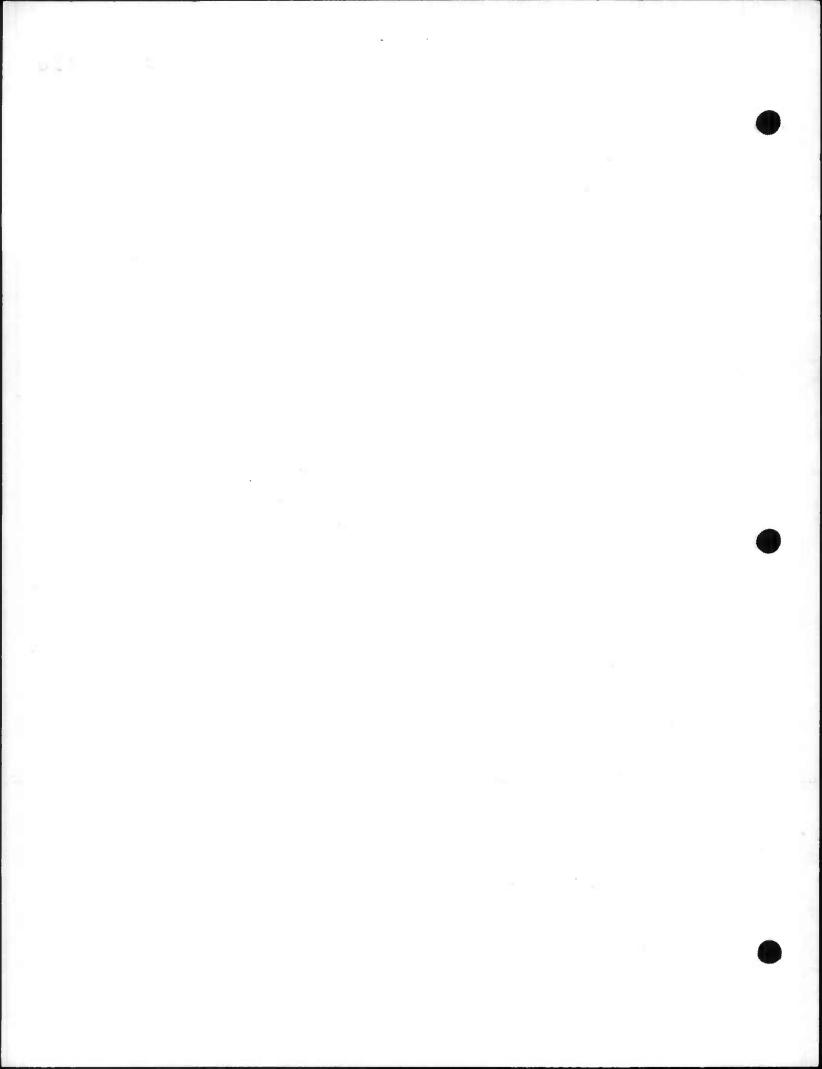
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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De 70	-	Mrs. Janet E	llen E	Bee		2216 I	Bayvi	.11e	Road	l, Vi	rginia	a Bea	ich,	Virg	inia 2345
after death. Page 6 may be retained by the hospital or attending physician.  yy the funeral director, page 5 should be detached for use as the burial-tran  moval.  cal examiner must be notified at once.		20a. METHOD OF DISPOSITI	ION		20b. P	LACE AND DATE	OFDISPO	SITION /N	ama of		DATE			City or To	
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Page al dir		21. SIGNATURE OF FUNERA	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  12. NAME AND ADDRESS OF FACILITY Fellows - Wells Funeral Home												-)
uner uner					06	401									
by the femoval.		William L. King Jr 413 West High Street, Chestertown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										yland			
in by the removal		23. PART I. Enter the di	iseases, or o	complications the List only one car	at caused t	the death. Do	not ente	the mo	ode of dy	ing, auch	aa cardlac	or reapl	ratory ar	reat,	Approximate
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DING PHYS After this death with s marked	B		Investigation		ne.		М		YES 2	NO					
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DRECTOR: After hours after death item 28 Is ma	E	4 _ nomicial	aetarminea												
	7	29a. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowled	ige, death occur	red at the	time, date	and place	, and due I	to the cause(s	s) and men	ner as sta	ted.	
HOSPITAL FUNERAL WITHIN 72 TANT: II	COM														s) and manner as stated
A FE		29b. SIGNATURE AND TITLE													
TO THE HOSPIT TO THE FUNERA DE filed within 7	H	Ou al		MAN						ENSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)
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	-	JOHNAME AND ADDRESS OF	PERSON WN	COMPLETED CAU	SE OF DEAT	н (ITEM 27) (Тур									
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



hours after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

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HE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, 24 hours after death. Page 6 may be totalned by the hospital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundi-transit permit. Pages 1, 2, 3 is	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	OGRTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE H	THE F.	# filed w	<b>MPORT</b>
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH A January 1996 3 8:45 Muriel 01ga Clark 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign April 3, 121-26-4619 1 □ M 2 🏋 F DAYS HOURS Ontario, Canada 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR The Kent and Queen Anne's Hospital Chestertown Kent 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Queen Anne's Crumpton Maryland 1 YES 2 XNO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21628 3209 McGinnis Corner Road United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 - YES 2 1 NO Specify BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 4 Medical Nurse 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clayton Merrill Gibson Irene Woods 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3209 McGinnis Corner Road, Crumpton, Maryland 21628 Benjamin Clark 20e. METHOD OF DISPOSITION
1 □ Burlel 2 X Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Slate Capitol Crematory Jan 4, 1996 Dover, Delaware 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY 21651 Fellows Funeral Homes, P. A. 21651 370 W. Cypress Street, Millington, Maryland 23. PART I. Enter the diseases, or complications that ceueed the des shock, or heart failure. List only one cause on each line. ons that ceueed the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final andiac disease or condition resulting in death) 2 weeks DUE TO (OR AS A CONSEQUENCE OF): ocardin Weeks CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPS 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO DEMENTIA COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO IN UNCERTAIN PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO HOSPITAL:
1 Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 4 - Nursing Home 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, alc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicida CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, data and place BE 9 2

31. DATE FILED (Month, Day, Year)

JAN 04 '96 who Daydson 28

OWN

32. REGISTRAS'S SIGNATURE

DHMH-16 Rev 1/89

#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Data of Death Month ANNON FER 04 96 0619 4b. City. Town, or Location of Death 4c. County of Death 4a. Fecility Nema (If not institution, giva street and number) Baltimore City University of Maryland Medical Center Baltimore City 5. Social Sacurity Number if Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Day, 1987) 1950 8. Birthplace Country) 7. Aga (In yrs. last birthday) Sex 1 M 2 □ F 9. Birthplaca (Stata or Foreign Days Hours 212-56-1423 Usuel Residence of Dacedani 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Chestertown Maryland Kent 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? United States 21620 21715 Tolchester Beach Road 12. Was Dacedant Ever In U,S. Agned Forcas? 1 ♣ Yes 2 ☐ No Wes Decedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Married White 1□ Yas 2 No ff Yas, Giva Yeer or Datas: 1970-1976 Specify Specify 3 ☐ Widowed 4 Divorced 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada compiated) 16b. Kind of Business/Industry Paint Manufacturer Elamantary/Secondary (0-12) Collage (1-4or 5+) Mixer of Pigments/Technician 17. Fether's Name (First, Middle, Last) 18. Mothar's Nema (First, Middia, Maidan Sumama) Dorothy V. Elburn Howard Robinson Cannon 19e. informant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Dorothy Cannon/Mother 21715 Tolchester Beach RD, Chestertown, MD 21620 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 XBurial 2 □ Cramation 3 □ Ramovel from Stata Chester/Cemetery/February 9, 1996 Chestertown, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvica Lice Pellows, Helferbein, & Newnam Funeral Homes, P.A. William L. King Mercton Unsterland, Maryland 21620 23e. Pert1. Entar tha disaasa, or complice the that caused line ath. Do not entar tha mode of dying, such as cardiec or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximeta Interval Between Onset and Deeth immediete Cause (Final diseese or condition rasulting in daath) GASTROINTESTINAL BLEEDING 1 Month Due to (or es e conşequanca of): 1 Hour ASPIRATION Sequentially list conditions, if any, leading to immediata causa. Enter Underlying Causa (Disaasa or injury that initiated evants rasulting in death) Lest Dua to (or as a consequanca of) Due to (or as e consequance of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings eveilable prior to completion of causa of death? 24e. Wes en eutopsy performed? 1 Yas 2 No t ☐ Yes 2 ☐ No 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatlant 2 ER/Outpatienf 3 DOA 28a. Data of injury (Month, Day Year) 28b. Tima of 28c. injury af Work? 28d. Dascribe how injury occurred 5 Pending invastigation 1 ☐ Yas 2 ☐ No

The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, attending physician for use es the buria the signed by t peen Aftar this certificata hes Hospital or Attending Physician: '24 hours aftar death.' Funeral Director: Aftar this certifica In by 24 hours aft Funeral Di letaly filled Ir completaly To the vithin 2

**Physician** 

/Medical

**Examiner** 

Director

Funeral

P

Completed

Be

**Funeral** 

**Director** 

item 27 is marked other than "natural", or items 23s or 25s-f show other traumatic event, ma Medical Examinar must be notified at

permit. Pagas 1 and 2 should be filled within 72 hours after of Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examples once.

**Physician** 

/Medical

Examiner

Physician/Medical

by

Completed

Be

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Certification:

edical

Baltimore, Maryland 21215-0020

the Maryland

25. Was casa rafarred to medical examiner? 1 Yas 2 No 27. Mannar of Death 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At home, farm, straet, factory, offica building, atc. (Spacify) Location (Straat and Number or Rural Routa Number, City or Town, State) 4 Homicida 1 Certifying Physician: To the best of my knowledga, daath occurred at tha time, dete and pieca, end due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha tima, data and piaca, and due to the causa(s) and menner statad. 29a. Cartifiar

29b. Signature and titla of perti

29c. Licansa number

ST

29d. Data signed (Month, Day, Year)

RESIDENT

P09779

30. Name and address of person who completed cause of deeth (item 23a) (Type, Print) Ports 2D.S. GREENE ERIC

BALTIMORE

State Registrar 31. Date filed (Month, Day, Yaar) 32. Registrer's Signatura This Davidson-Randall FEB 9 '96

And a first of the to a discuss of them to a set of the first terms. 

30. NAME AND ANDRESE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOLEN O ARMSENTON. MD 945 WASLEW
31. DATE FILED (Month, Day, Year)

See Julia Savidson-Randelle

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	e prior to burial, cremation, or removal.	BFTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
)	ath certificate be executed within 24 hours	thending physician and completely filled in b	al Hygiene prior to burial, cremation, or ren	, or other traumatic event, the medi
	ਠੋ	icate	State	ted, or item 23 shows any injury
	TO THE HOSPITAL OR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is mark

ине	mided # 12, 02/12/90, 5.1.	, Kent				90	02801				
	1 - STATE OF MARYL REGISTRAR		RTMENT OF H		MENTAL HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (Fligh, Middle, Last) Hynson Edwin Cole				2. DATE OF DEATH MONTH January 31	, 1996 <sup>^</sup>	3. TIME OF DEATH 0500 a <sub>M</sub>				
	221-18-4292 1X M 2 🗆 F	in yrs. last birthday) 64 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) September 5,	RTHPLACE (State or Foreign suntry) Laston					
POR	98. FACILITY NAME (If not institution, give street and number) 33130 Maryland Line Road (AT I	HOME)	Massey	OR LOCATION OF DEA	ATH	er death ent					
DIRECTOR	10a. STATE 10b. COUNTY Maryland Kent		ry, town on local	TION		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	331.30 Maryland Line Road		10 2	. ZIP CODE 1650		United	F WHAT COUNTRY? States				
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IF FORCES? 1 XYES IF YES, GIVE WAR OR D.	ATES	If yea, sp		SPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Black, White, atc. Specify: White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of life, Do NOT u	,	st of working	SINESS/INDUSTR						
COMP	12   Air Frame Mechanic   Government   17. FATHER'S NAME (First, Middle, Last)   18. MOTHER'S NAME (First, Middle, Maiden Surname)   Bertha Jackson										
TO BE	19a. INFORMANT'S NAME (TyperPrint) Mary Ellen Cole  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 33130 Maryland Line Road, Massey, Maryland 21650										
	20s METHOD OF DISPOSITION  1 Nouriel 2 Crementon 3 Removal from Stata 4 Donatton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE  William L. King, Jr./Dire	Dentile	Fellov	ebruary 3,  NO ADDRESS OF FACTOR  S Funera	1996 Gale Thomes, F						
	23. PART i. Enter the diseases, or complications that cause ahock, or heart failurs. List only one cause on e	Lina death. Do ach lina.	not anter tha mo	da of dying, such			Approximate interval Between Onset and Death				
CERTIFICATION	disease or condition resulting in death)  a. Roch fathury Traclust Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents reaulting in death) LAST  d.  Roch fathury Traclust Due to (or as a consequence of):  Consequence of):  Due to (or as a consequence of):  Consequence of):  Due to (or as a consequence of):  Consequence of):  Due to (or as a consequence of):  Consequence of):  Consequence of):  Due to (or as a consequence of):  Consequen										
PHYSICIAN: MEDICAL O	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i.  Anyitty, Depression LARS Left Kedney  Cacheria, Franco  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO HOSPITAL: 1  Inpetient 2 ER/Outs		OTHER: 4  Nursing Hor	ne 5 Residence	8 Other (Specify)						
ВУ РНУ	27. MANNER OF DEATH  1										
ETED	4 Homicide detarmined building, atc. (Spec	cify)	eneer, rectory, one		261. LOCATION (Street and City or Town, State)		rer noute Numbel,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of examination						se(a) and manner as stated.				
BEC	29b. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Day, Year)				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

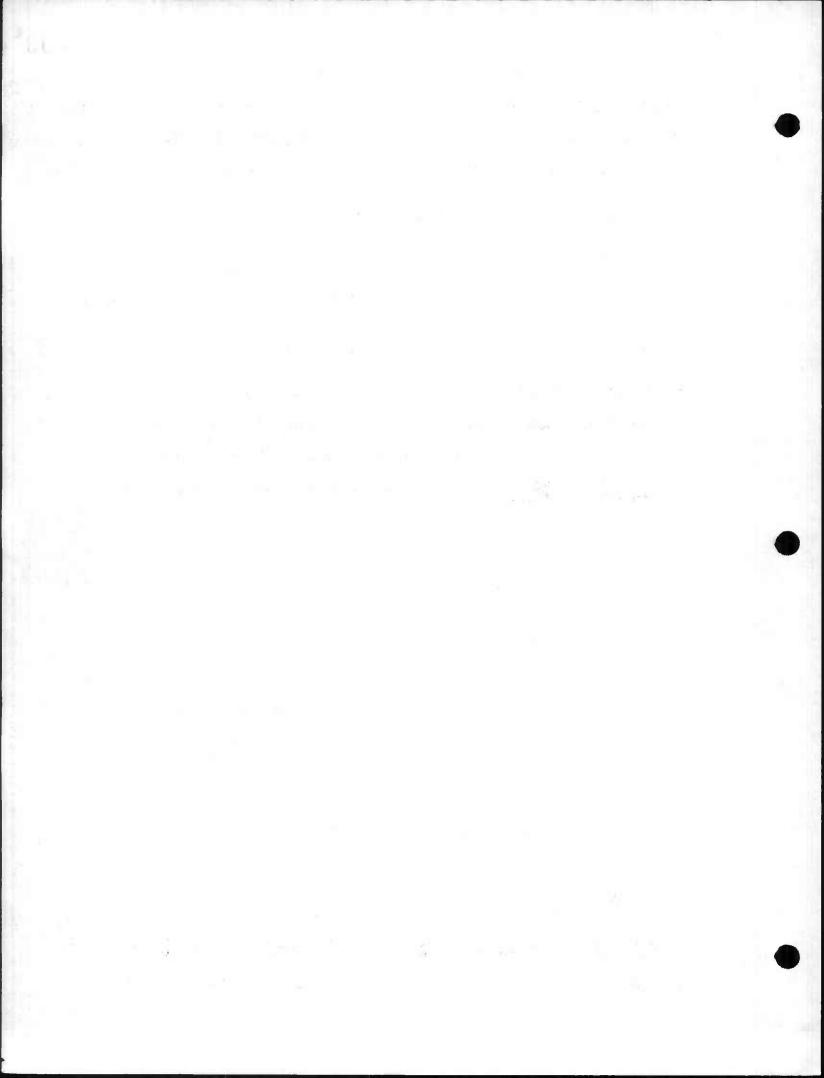
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Co((,				2. DATE OF DEATH MONTH DA				
	4. SOCIAL SECURITY NUMBER					5 1,	96			
	216-14-922	1   M 2   F		ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morith, Day Year)	ITHPLACE (State or Foreign intry)  MD			
_	Sa. FACILITY NAME (If not institution, give		1		R LOCATION OF DE	EATH	9c. COUNTY OF	DEATH		
CTOR	6050 Worceste	r Highway		Snow I	Hill		Worcester			
6050 Worcester Highway Snow Hill  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD  Worcester  Snow Hill								10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e. STREET AND NUMBER	1000001			ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
FUNERAL	6050 Worceste	r Highway			21863			ed States		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XNO	If yes, spe		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	Bi	RACE — American Indian, Black, White, etc. Specify: Black		
9	15. DECEDENT'S EDU (Specify only highest grade		16a, DECEDENT'S US	rk done durina ma		16b. KIND OF BUS	INESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 yrs.	CIS Compt		erator	Financ	ial			
O	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)			
	Leroy Fisher				Elsie	Collick	,			
TO BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town				
	Tonya Collick  20e. METHOD OF DISPOSITION					ury, MD 218				
	1 Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State	o. PLACE AND DATE OF netery, cremetory or othe Oringhill	DISPOSITION (Ne or place) Memorcy	Gardens	2/10 Hel	CATION — City or			
	21. SIGNATURE OF FUNDRAL-SERVICE LI	CHASEE	<u>DI IIIGIIIII</u>	22. NAME AN	D ADDRESS OF FA	CILITY				
	1	1				on Funeral Ext., Sal:		MD 21801		
23. PART I. Enter the diseases, o complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arreshock, Dr heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions,  b. Sequentially list conditions,								Approximata Interval Batween Onset and Death		
CERTIFICATION	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	cDUE TO (OR AS a	A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL	PART II. Other aignificent condition	ne contributing to deeth t	out not resulting in	the underlying	ceuee given in	Part I. 24e. WAS AN. PERFOR 1 TYES 2	MED?	46. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 THO	1   Inpatient 2   STOOut	petient 3 DOA 4	☐ Nursing Hom	5 Realdence	6 Other (Specify)				
- 1	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	WO WO	RK7	28d. DESCRIBE HOW IN	IJURY OCCURED			
ETED B	2 Accident Investigation " 1 YES 2 NO									
COMPLE		SICIAN: To the best of my know ER: On the basis of examination						e(a) and manner as stated.		
O BE	296. MIGNATURE AND TITLE OF CENTIFIE	, m			10 25 6	MBER	29d. DATE SIGN	ED (Month, Day, Year)		
	, , ,	0) en	D Por	rint)	+, Sc	lisbury	, nd	2189		
	FEB 0 8 1996	James Branches	in hardall							

a+5

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

State of Maryland / Department of Health and Mental Hygiene

								Cer	titicat	e or	Death			Reg. No.			
			1. Decedent's Neme (First,	Middle, Last,	)							2.	Dete of De		Vana	3. Time of	Deeth
	Physic		Philip Ar	cthur	Curra	an						F∈	Month bruar	y 15, 19	Yeer 996	6:30	am
	/Medi Examii		4e. Fecility Neme (If not ins		street end n	um <i>ber)</i>					4b. City, To						
			8406 F. Sti	reet							Chesar	peake	Beach	Calve	rt		
	Funeral		5. Social Security Number	6. Sea			(In yrs. last bi	rthday)	If Under			24 Hrs. 8.	Dete of Bir (Month, Da	h Voorl	9. Birthpi	ece (Stete o	r Foreign
	Director		154 09 3382	<b>X</b>	]M 2□F	77	7	Yrs.	Months	Deys	Hours	Min.	rch 2	9, 1918	Main	ne	
	D.		Usuai Residence of Decede														
	how		10e. Stete 10b. County 10c. City, Town or Location											10d. inside City Limits			
	Ma Ma	cto	MD Calvert Chesapeake Beach											XX Yes	2 □ No		
	ith th or 28	Director	10e. Street and Number						10f. Zip	Code				10g. Citizen of V	Whet Count	iry?	
	23a		8406 F. Stre	eet					20	732				USA			
	r dec	Funeral	11. Maritai Status		12. Wes Dec Armed F	cedent Every	ver in U,S.	13. W	vas Dece	dent of cify Cul	Hispenic Original Hispenic Origin Hispenic Original Hispenic Original Hispenic Origi	gin? (Specif	y Yes or No	- 14. Rec	a - America		
20	or H		1 Never Married 2		If Yes, G	2 No			□Yes					Specify		ite	
00	72 hours after deeth with the Maryland natural, or items 23a or 28a-f show olds! Experies must be notified at	d by	3√5√Widowed 4 □ Div			Dates: M	W II										
5	nath Police	Completed	15. De (Specify only	cedent's Edu <i>highest grad</i> e	cation e co <i>mpleted</i>	0	16a	. Decede	ent's Usu aind of wa	el Occu rk done	ipetion e during most ed)	t of working		16b. Kind of Bi	usiness/Ind	ustry	
12	Mithir Man	m	Elementery/Secondary (0	1-12)	Coilege	(1-4or 5+								HC C	1.		
2	Her In		12 17. Fether's Neme (First, M	iddle ( ast)				Етес	CLIOI	ilc	Techni		iret Middle	US GOV Meiden Suman			
an	od o	Be													,0)		
2	d Me d Me rest	70	Arthur Theodo		12		101	Moitin	a Addron	10100		nie May		burne er, City or Town,	Otata Zin	Codel	
Maryland 21215-0020	d2s then 7 is r		Phyllis K.			dana										Loge)	
	1 an Healt		20e. Method of Disposition	DUCKINA	is ter/	uaug	20h Plece o	f Dispos	ition (Ne	ne of	ck Lan		Dete	MD 207 20c. Location -		en Stete	
altimore,	nt of H H.		₩ Buriel 2 Creme		Removal from	Stete	cemete	ry, crem	etory or o	ther ple	netery			Chelten			
Ħ	rtme rtant		4 Donetion 5 Ott				1200							Onici con			
Ba	permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health and Mental Hygione. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Experience must be nortified at ance.		21. Signeture of Funerel Se	2	24			R	ausc	h Fi	ess of Facility Ineral	Home	, Owin	gs, MD	2073	6	
	40204		- Willia		70-												
			23a. Pert1. Enter the disea shock, or heart feliure	se, or compli . List only or	tions that ceuse on	eech line	he deeth. Do	not ente	r the mod	ie of dy	ing, such as	cardiac or re	espiretory e	rrest,		Approximate intervel Bety	ween
1	Physician		Investigate Course (Circle								4.1					Onset end D	Jeetn .
	/Medical Examiner		immediate Ceuse (Final disease or condition resulting in deeth)	6	LSC	hem	K Mu	1000	welle	ma	thy/	Chro	nie C	ongest	ve !	1-20	lems.
B		-			Λ	D	ue to (or es e	consequ	uence of):	9		Hea	H Fo	ingest			
	ted nsit	Ė		_ t	ACL	rte	Myoc	ard	ial ]	Ln d	-arcti	on				MINUS	ek
_6	certificeta be executed ding physician end ise as the buriel-transit	Examiner	Sequentielly list conditions if any, leeding to immediate		A1	. <u> </u>	oue to (or es e	consequ	Jenca of):	) /		01	- 40				
68760,	sicial		cause. Enter Underlying Cause (Disease or Injury that initiated events	<b>4</b> °	Chro		Oputu			uin	nonan	y DI	ense			year	3_
68	ificet g phy	edicai	resulting In deeth) Lest			D	ue to (or as a	consequ	ience oi).			,			1		
Box		N/U			d												
m	deeth e ette d for	icia	Pert ii. Other eignificant co	nditions con	tributing to d	deeth hut	not resulting l	n the un	derlylna	91169 0	iven In Pert I		23h Did	tobacco uae co	ntribute to	the cause (	of death?
P. O.	by the	Physician	1. 0		in builing to t	dodin but	riot resulting i	ii tiile diii	denying c	ause y	WORLER FOR I.			Yee 2 No			
T.	ned in	by P	Lung Can	cer									And,	100 2010	001.00		
Division of Vital Records,	The law requires that the death of the stan at a has been signed by the etten page 2 should be datached for u													en eutopsy	24b. We	re autopsy fi	indings
ပ္ပ	aw re	Siet											репо	rmed?	con	npletion of ca	
æ	he lav	Completed											10	res 2 No	15	Yes 2□	No
ta	ician: The certificata rector, peg	Be C	25. Wes case referred to m	edicai							26 Piece	of Deeth ((					
>	ysicie Is cer direct	0	examiner? 1 ☐ Yes 2 ☑ No	Н	lospitel:	] Inpatient	1 2 ER/O	utpatient.	3□ D0	DA O	thor			denca 6 🗆 Oth	er (Specify	()	
0	Attending Physician: or death. sctor: After this certification by the funeral director,	n: T	27. Manner of Death		28e. Dete	of Injury	28b.	Time of		28c. Inju			-	now injury occur		<u></u>	
0	death. ctor: Aft	atio		ending nvestigation	(MOI	nth, Dey	rear)	injury	м		Yes 2 1	No					
Vis	Atte octo by th	110		Could not be letermined	28e. Plec	e of Injur	y - At home, fa	rm, stre	et, factor	y, office	)	28f	Location (	Street and Numb	per or Rural	Route Num	ber,
Ö	s after it Direct bd in by	Certification:	4 B Homode		Dunc	uing, etc.	(Specify)						City of Tol	vii, Olelej			
	To the Hospital or Attending Physician: The I within 24 hours after death.  To the Funeral Director: Attar this certificate his completely filled in by the funeral director, page		29e. Certifier Ce	rtifying Phye	oicien: To the	e best of	my knowledge	, deeth	occurred	et the t	ime, dete en	d piece, end	due to the	cause(s) end me	enner es ste	eted.	
	the H in 24 the Fi	edicai	one)	UICHI EXAITIII	and mei	nner stete	ed.	d/or inve	estigetion	, in my	opinion, deat	in occurred	et trie time,	dete end piece,	end due to	tne cause(s	,
	To To To	Z	29b. Signeture end title of c		E.						se number			29d. Dete signe			,
	10+1		Geral	& P	. Ste	~~	er mo	>		1	172	45		Feb.	16,	1976	,
	10-71		30. Neme end eddress of pe	erson who co	mpleted cau	use of dee	eth (item 23a)	(Type, P	Print)	۱۸.	Λ	ΔΔ.	1	0 00	D2 4		
				P. 54e					(	JW	spar.	Mo	rylan	Feb.	120		
	Sta Registr		31. Dete filed (Month, Dey,	7ear)	06 32.1	Hegistrer	's Signeture	Carla	Ll.								



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State of Maryland / Department of Health and Mental Hygiene 96 0580

					Cei	tificate of	Death		Reg. No.	00004			
	Physici	ion	1. Decedent's Neme (First, Middle, Last)					2. Date of De Month	eth	3. Tima of Death			
	Physici /Medi		Carl Leslie CLEVER					tel.	7 /	996 4:53 AM			
	Examir	ner	4e. Fecility Neme (If not institution, give street Washington County I				Hag	erstown		Death hington			
	Funeral Director		5. Sociel Security Number 8. Sax 182-32-2708 IS M :	7. Age (In yrs. ii	est birthday) Yrs.	If Under 1 Year Months Deys	th y, Year) 1940	9. Birthplaca (State or Foreign Country) Pennsylvania					
	hand we may		10a. State 10b. County	10c. City	, Town or Lo	cation				10d. inside City Limits			
	Mary	tor	Maryland Washington	1	Will	iamsport	:			1 ☐ Yes 2√☐ No			
020	3a or 28a	al Director	10e. Street end Number 10715 Lynn Court			10f. Zip Code	21795		10g. Citizen of What Country? USA				
	d within 72 hours after death with the Maryland jiene. r than "natural", or itema 23a or 28a-f show tre Medical Examinet must be nettied at	by Funeral	1 Never Merried 21 Merried 1	/as Dacedent Evar In U, rmed Forcas? □ Yas 2本No Yas, Giva eer or Detes:		Wes Decedent of f Yes, specify Cul		n? (Specify Yas or No Puerto Rican, etc.)	14. Reca - Bleck, Specify:	- American Indien, White, etc. White			
5-0	72 ho	Completed	15. Decadent's Education (Specify only highest grade com		(Give	ient's Usuel Occu	during most o	f working	16b. Kind of Busi	ness/Industry			
121	within then	mpl		ollege (1-4or 5+)	life. L	DO NOT use retire	operat		Ca	rpet cleaning			
d 2	Hygi ther int,	ပိ	17. Father's Neme (First, Middle, Last)	0		Owner		Neme (First, Middle,		1 0			
lan	\$ d a b ≥	To Be	Charles Clever					tha Louise					
Maryland 21215-0020	d the		19e. Informent's Neme/Relationship (Type, P Kay R. Clever, wife	int)				or Rural Route Numbe Williamsp		tete, Zip Code) yland 21795			
Baltimore,	permit. Pages 1 and 2 Department of Health Important: If Item 27 I any Injury or other tro 9059.		sville, Md.										
Balt	permit. Departri	1 1	21. Signeture of Funerel Sarvice Licensee		M	Name and Addr	FUNERAL		la a a wat a r	- MJ 217/0			
	E1 2.4		23e. Pert1. Enter the disease, or complication shock, or heart failure. List only one cer	is thet caused the death						n, Md. 21740 Approximate Intervel Between			
4	Physician		oriotic, or ricord famoro. Electronly one obt	0			1010			Onset and Deeth			
	/Medical Examiner		Immediete Ceuse (Finel disaasa or condition resulting in deeth)	(ardi	al	1-188	theten	mias		Minnes			
ı		7	Due to (or es e consequence of):										
	uted d ansit	Examiner	<b>b</b>	Coronas		HRLED	4	) Valoro	٢				
ó	icate be executed physician and s the burial-fransit		Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	DD9 (0 (0)	as a conseq	dence or).	O						
68760,	ate be nysicia he bu	Medical	Cause (Diseese or Injury that initiated events rasulting in deeth) Lest										
~	leath certificate be executed attending physician and d for use as the burial-transit	ЛМес	d										
Bo	atter	clan											
P.O.	the carbon the ache	y Physician/	Pert II. Other eignificant conditions contribut	23b. Did	23b. Did tobacco use contribute to the cause of								
Vital Records	e law requires that has been signed l ge 2 should be det	Completed by							en eutopsy rmed?	24b. Were eutopsy findings available prior to completion of ceusa of deeth?			
= E	The ate h	Con						10	Yes 2 No	1 ☐ Yes 2 ☐ No			
Vita	Physician: The this certificate ral director, pag	Be	25. Wes case referred to medical exeminer?	al.	/			f Deeth (Check only o	one)				
o	5 00	. To	TE THE ZEMINO	1 □ Inpatient 2 M	ER/Outpetien 28b. Time of	T 3LI DOA		ing Homa 5 Resi	denca 6 Other	1.4			
on	Attanding ir death. actor: After by the fune	tlon	1 □Neturel 5 □ Pending 2 □ Accident investigation	(Month, Day Year)	Injury	We	ork? ]Yes 2∐No		now injury cooping				
Division	or Attantation of a first dear dear director dir	Certification:	2□ Suicido 6□ Could not be	e. Place of Injury - At ho building, etc. (Specify	me, ferm, stre	eet, factory, office	,	28f. Location ( City or To		r or Rural Route Number,			
	To the Hospital or Attanding Phymitin 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral	edical C	29a. Certifier (Check only one)  1 Certifying Phyelcian Medical Examiner: Certifying Phyelcian Certifying Phyelian Certifying Phyelcian Certifying Phyelcian Certifying Phyelcian Certifying Phyelcian Certifying Phyelcian Certifying Phyelcian	: To the best of my know in the basis of exemineti and menner stated.	vledge, deeth ion end/or Inv	occurred et the t restigetion, in my	ime, dete end opinion, death	plece, end due to the occurred et the time,	cause(s) end menr date end place, en	ner es steted. id due to tha ceuse(s)			
	To the To the comple	Me	29b. Signature and title of certifier	MO		29c. Lican	nsa number	cel .	29d. Date signed (	(Month, Day, Year)			
			39. Name and eddress of person who complete	ed cause of deeth (Item	23e) (Type,	Pripi) Co	12:11	ave m	11100	ou trista			
	Sta	ite	31. Date filed (Mogif, Dey (Year)	32 Registrar's Signet	S	UNIC	VUII	WV E TW	HOO	MD 21740			
	Registr		FEB 81895	YOUR O' BREEK		1			,				

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 05805 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** KEBRUARY 0500 1996 Nelson Roland CARPENTER /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Washington Hagerstown Washington County Hospital Hours Min. 8. Dete of Birth (Month, Day, Year)
April 24 1928 If Under 1 Year 9. Birthplace (State or Foreign Country) Maryland 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** Days Months 10 M 2□ F Yrs Director 67 215-26-7733 Usual Residence of Decedent permit. Peges 1 end 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental thygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, or Medical Examinal mant be normed as 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 🕅 No Director Maryland | Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 21740 U.S.A. 11349 Greenberry Road 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, etc. 1 ☐ Yes 2 ☐XNo If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White Completed by 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Construction Electrical Const. Foreman 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Grace Virginia Henry Marshall Allen Carpenter 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Hagerstown, Maryland 21740 Marie A. Carpenter 11349 Greenberry Road 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burlal 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 2-15-96 Hagerstown, Maryland Rest Haven Cemetery 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 21740 Approximate Interval P 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical androcarcinoma. Examiner Due to (or as a consequence of) Physician/Medical Examiner ettending physicien end for use es the buriel-transit The lew requires that the death certificate be executed Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Inklated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records. P.O. Box 68760. Due to (or as e consequence of) signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown anterio septal myocardial 1 Yes by 24b. Were autopsy findings available prior to completion of ceuse of death? pluods 24a. Was an autopsy performed? Completed page 2 has 1 ☐ Yes 2 ☐ No or Attending Physician: director, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? After 5 Pending investigation 1. Natural n 24 hours efter deeth.
he Funeral Director: Aft
pletely lilled in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. To the Hosp within 24 ho To the Fune completely li (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of gertified Name and address of person who completed cause of death (Item 23a) (Type, Print) Hagustown 6 amdar dio HIND

DHMH 16 Rav 6/95

State

Registrar

31. Date filed (Month, Day, Year)

FEB

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32. Degistraris Signature

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	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
UINE NOSTIBLE ON MICHING PRISIDING THE LAW REQUISES that the Death Columbia of Concessed within the mount of account of age of this propriet of all prisiding prisiding.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	DE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Amended item # 20b per F.D. 2/22/96 CArroll CO P.L.C. STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Feb. 20, Christopher Paul Cannon 1996 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign DAYS HOURS 19<sup>YRS.</sup> 1 X M 2 | F 219-15-8272 May 2, 1976 Maryland 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Rt. 27 North below Guadelupe Dr Westminster Carroll 10b. COUNTY 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 1 TYES 2 X NO Maryland Carroll Westminster 10g, CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 3106 Cardinal Drive 21157 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexicen, Puerto Ricen, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. If yes, specify Cubsn, Mexicen, Pr 1 YES 2 NO Specify: FORCES? 1 YES 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) cinema/movie theatre clerk 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Meiden Surneme) Marvin A. Cannon Jr Buna Plunkert 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marvin A. Cannon Jr. 3106 Cardinal Drive., Westminster, MD 21157 20e METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of carnetery, cramatory or other place) 2/24/96
Mt. Olive Church Cemetery 20c. LOCATION — City or Town, State 02/23/96 4 Donetion 5 Other (Specify) Mt. Airy, MD 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Katherine 412 Washington Rd., Westminster, MD 21157 Pritts - Sweltzer 23. PART I. Enter the disesses, or complications that cauded the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel **Onaet and Death** disease or condition FRACTURE CERVICAL SPINE DUE TO (OR AS A CONSEQUENCE OF): INSTRUT resulting in death) MOTOR VEHICLE ACCIDENT INSTANT Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evente resulting in death) LAST PART II. Other algolificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DE DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN 🔀 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER:
4 | Nursing Home 5 | Residence 6 Other (Specify) HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY
(Month, Day, Year)

FED 18 PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES MYA 2 Accident 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined 4 Homicide RT 27 & GUADALUPE DI WESTMINSTER CARROLL CO 29e. CERTIFIER
(Check only one)

29 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manipulation of the control of the ceuse(s) and manipulation of the ceus 2 MEDICAL EXAMINER: On the besie of exemination end/or investigation, in my opinion, desth occured at the time, date end piece, end due to the ceuse(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER = N. theep SM-D D36908 FEB ZI, 95 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11722 REISTERSTOWN IND. MO. REISTERSTOWN 21136 TEB 2 2 1996 32. APPOISTRAR'S SIGNATURE
Java daudler Revell

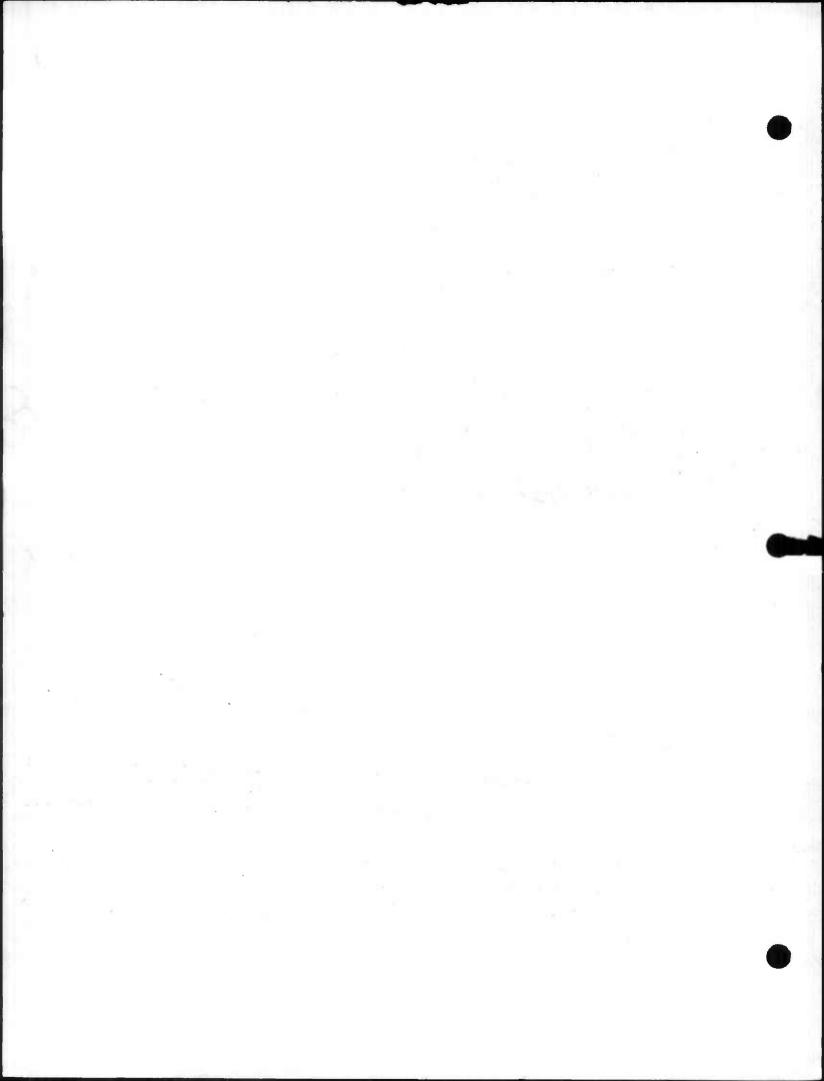
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	KATHERINI  4. SOCIAL SECURITY NUMBER	T				2 17	96	0735		
	216-92-5557	5. SEX 6. AG	E (In yrs. lest b	VRS. MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	C	IRTNPLACE (State or Foreign ountry)		
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DIREC	10e. STATE 10b. COUNT	ſΥ		10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
		ARROLL		WESTMIN	NSTER			1 TES 2 NO		
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20 20	17. FATNER'S NAME (First, Middle, Last)	KENNETH LA			RT PATRI	ME (First, Middle, Meiden CIA CARC	L BALI			
0	PATRICIA STEWART  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21158 3844 LITTLESTOWN PIKE, WESTMINSTER, MD.									
	20e. METHOD OF DISPOSITION  1  Buriel 2  Cremation 3  Rer  4  Donation 5  Other (Specify)			DDATE OF DISPOSITION FOR A CIDE PLACE   CI			CATION — CHY O	NSTER, MD.		
	21. SIGNATURE OF FUNERAL SERVICE L		A	22. NAM	E AND ADDRESS OF FA	FLETCH	ER FUN	NERAL HOME		
_	23. PART I. Enter the diseases, or	hyplingo	e					ER, MD. 2115		
7	IMMEDIATE CAUSE (Final disease or condition resulting in death)  MULTI ORGAN SYSTEM TRAUMA  DUE TO (OR AS A CONSEQUENCE OF):  MOTOR UEHICLE ACCIDENT									
CATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  MEDICAL EXAMINER  d.									
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



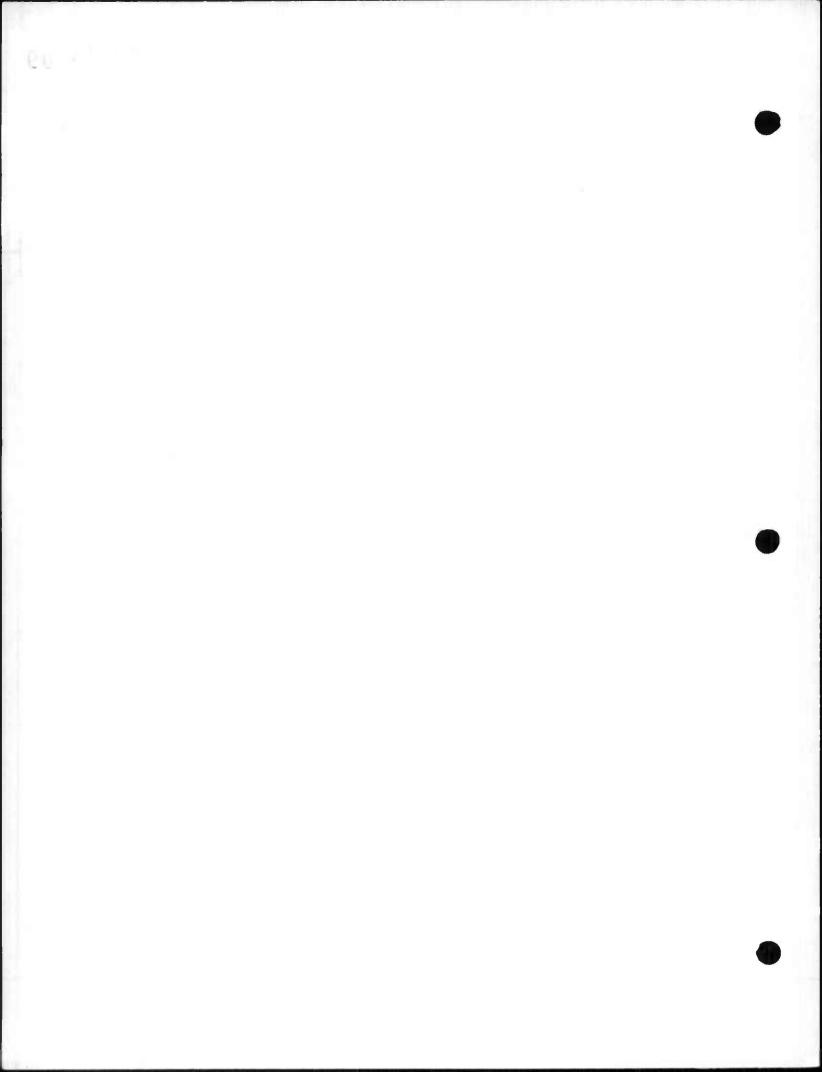
**MORE, MARYLAND 21215-0020** 

BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	odical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN	_			
1	1. DECEDENT'S NAME (First, Middle, Last)		V=1111	TOATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
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			(in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign		
1 8	215-38-1304	M 2 □ F	68 YRS.	MONTHS DAYS	HOURS MIN.	8/18/192	27 N	Country) Maryland		
	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH		
DIRECTOR	3642 Shelltown	Road		Mario	on Stati	Shelltown Ion	Somer	set		
H	10a. STATE 10b. COUNTY			TY, TOWN OR LOCA	71.77			10d. INSIDE CITY LIMITS?		
	Maryland Somer	set	Mar	ion Sta	ation (	Shelltown	1)	1 YES 2 XNO		
FUNERAL	10e. STREET AND NUMBER				of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
NE	3642 Shelltown				21838		US	SA		
	1X Never Married 2 Married	FORCES? 1 YES	2 ( NO	If yes, a	pecify Cuban, Mexico	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	PATES	1 🗆 YE	S X□ NO Specif	y:		SpecifyWhite		
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OMPLET	11		Poul	try Se:	rvicema	n				
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE (	Thomas F. Cropp	er			Elodie	Davis				
5	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	de)		
-	Kirk Simpkins		PO B	ox 550	Prince	ess Anne	Md.	21853		
	20e. METHOD OF DISPOSITION  1  Burlel 2  CCremetion 3 Removal	from State	netery, cremetory or	ther place!			-	or Town, State		
4 Donation 5 Other (Specify) Salisbury Crematory 2/16 Salisbury, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Melson Funeral Home									
Ш	Seof S. Melson PO Box 64, Pocomoke, Md. 21851									
	23. PART i. Enter the diseeses, or com shock, or heart fallure. Liet	plicetions that ceuse	d the death. Do	not enter the m	ode of dying, auc	h aa cerdlec or reep	iratory screet			
	IMMEDIATE CAUSE (Final	day one cause on e	. ^	1				Interval Between Onset and Daath		
	disesse or condition reaulting in death)	Metesta	10 (0	Jan C	wer			Emos,		
		DUE TO (OR AS	A CONSEQUENCE C	F):						
8	Sequentially list conditions, b	DUE TO (OR AS	A CONSEQUENCE O	5						
E	If any, lesding to immediate cause. Enter UNDERLYING	552 10 (611 43 1	- CONSCOULNCE C	c).						
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):						
CERTIFICATION	resulting in desth) LAST									
2	PART II. Other cleriffered and distance									
N N	PART II. Other significant conditions conditions	ontributing to death t	out not resulting	in the underlying	ng ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC						1 YES 2	DNO	COMPLETION OF CAUSE DF DEATH?		
	515 500 100 100 100 100 100 100 100 100						( )	1 TES 2 NO		
SICIAN:	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL	UTE TO CAUSE C			UNCERTAIL	٧ 🗆 📗		("		
힐	EXAMINER?	OSPITAL:	26. PLACE OF DEA	OTHER:	11					
PHYS	27. MANNER OF DEATH	Inpetient 2 ER/Out	patient 3 DOA		THE 5 N Residence					
	1 Detural 5 Pending	(Month, Day, Year)		JURY W	ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED		
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	/ — At home, farm.			28t LOCATION (Street	and Number or 6	Parent Dougla Marenhar		
□ determined determined determined determined								tural rious rumos,		
COMPLE	294. CERTIFIER , X CERTIFYING BUYERIA				Carlana I Carla					
M.		t: To the best of my know						use(s) end manner es stated.		
				on, in my opinion,	_		d due to the ca	use(a) end manner ea stated.		
품/	296. SIGNATURE AND TITLE OF CERTIFIED	(MI)			29c. LICENSE NUI	ABER	29d, DATE SI	GNEO (Morfith, Day, Year)		
0,	30. NAME AND ADDRESS OF PURSON WHO CO	OMPLETED CAUSE OF OF	ATH (ITEM 27) /5	Print)	L 44	400	d	() 170		
12	David C. Kerriga	n, MD - !	560 Riv		Dr., S	alisbury	, Md.	21801		
	31. DATE FILEO (Month, Day, Year)  S2. REGISTRAR'S SIGNATURE  FEB 2 0 1996  ALLA SEUCLES REGISTRAR'S SIGNATURE									

FOR STATE REGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				-		ICATE (	71 DEATH		REG. NO.							
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3.	TIME OF DEATH				
	1 1	Ruth Lea	Cronin					Febru	ary 19	, 199		2:40 AM				
	1 1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	st birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF				ACE (State or Foreign				
	1 /	174 07 0410	1   M 2   X F		YRS.	MONTHS DA		(Month, E	lay, Year)	C	ountry)					
무	1 7	174-07-8419		85	THS.			SEPT	29, 19	10 PE	NNS!	YLVANIA				
pinous	1	9s. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	WN OR LOCATION OF D	EATH	9	c. COUNTY (	F DEAT	Н				
60	CTOR	REEDERS MEMORIA	L HOME				BOONSBO	RO		T <sub>A</sub>	IN CU	INGTON				
1, 2,	161	RESIDENCE OF DECEDENT					DOOLIDBO	110		- A	HOII	TIVOTON				
Pages		10e. STATE 10b. COUNTY	Υ		10c. CITY	Y, TOWN OR LO	CATION				10	d. INSIDE CITY				
E.	DIRE	MARYLAND 1	WASHINGTON			D/	OONSBORO					LIMITS?				
permit.		10e. STREET AND NUMBER	WILDITITIO TOTAL			D						YES 2 NO				
	ERAL						10f. ZIP COOE		10	g. CITIZEN	OF WHA	T COUNTRY?				
020 physician. burial-transit	🖳	141 SOUTH MAIN S'	TREET				21	713	U.S			.A.				
020 physician. burial-trar	FUN	11. MARITAL STATUS	12. WAS DECEDENT E			13. WAS	OECENDENT OF HISPA	NIC ORIGIN?	Specify Yes or			American Indian, hits, etc.				
		1 Never Merried 2 Married	FORCES? 1 [] IF YES, GIVE WAR		VO		, specify Cubsn, Mexico YES 2 X NO Specif		en, atc.)			hits, etc.				
a gig a	BY	3 Wildowed 4 Divorced				1	TEG E MY SPECIA	,		1 '	Specify:	WHITE				
- a (0		15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCUP	PATION	16h K	ND OF BUSINE	SE/INGUISTI	- V	AAIIITID				
- 8 E	E	(Specify only highest grade		(G	(Give kind of work done during most of working life. Do NOT use retired.)		100.10	IND OF DOGINE	33/11/03/17	.,						
N = 2	121	Elementary/Secondary (0-12)	College (1-4 or 5+)		HOMEMAKER											
AND 2 he hospital detached to once.	\$		2		H	OMEMAK	ER		OWN :	HOME						
e de P		17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME (First, Middle, Maiden Surname)											
# E E	l w l	LYNN RICE			MAUDE TENBROOK											
MAR retained 5 should notified	8	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or I						tata Zin Code						
	5	DAVID CRONIN			23813 STRINGTOWN RD, CLARKSBURG, MD 20					,						
Page page									_							
6 may ector, pag must b		20s. METHOD OF DISPOSITION 1 ♣ Burlai 2 ☐ Cremation 3 № Rem	oval from State	cometent cre	matory or of	of DISPOSITION	.,	1	20c. LOCAT							
9 9		4 Donstion 5 Other (Specify)		MAIN	IN SETTLEMENT CEMETERY 2/22/96 PORTVILLE, NY							NY				
ALTIM death. Page funeral dire		21. SIGNATURE OF UNERAL SERVICE LICENCEE 22, NAME AND ADDRESS OF FACILITY														
ALTI death. P. funeral i. i.		Paul M. Dean  22. NAME AND ADDRESS OF FACILITY  51 S. MAIN ST., PORTVILLE, NY 14770														
NO 1 2 10		1 ac 11/1/2	acoi-	for			THER FUNE									
ours after the by the or remove		23. PART I. Enter the diseases, or o	complications that co	eused the de	eth. Do n	ot enter the	mode of dying, suc	h es cardie	or respirate	ory arrest,		Approximets				
hours or rel	1 1	shock, or heart failure.	List only one ceuse	on each line	).							interval Between				
filled tion. o		iMMEDIATE CAUSE (Finel disease or condition										Onset and Death				
- 10		resulting in death)	8	ceri	nov	mande	~ Arad	ent-				( des				
omplete omplete il. crem.	1 1		OUE TO (OR	R AS A CONSEC	DUENCE OF	7):										
executed and com o burial.	Z	disease or condition resulting in death)  s. Clube variable Accidence  OUE TO (OR AS A CONSEQUENCE OF):  Attended a Consequence OF):  Attended a Consequence OF):  OUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury  OUE TO (OR AS A CONSEQUENCE OF):  C. Clube variable variable accidence of the consequence OF):  OUE TO (OR AS A CONSEQUENCE OF):									Imate					
OX 68 OX 68 be execut sician and c rior to buni traumatic		Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):														
Ta prior te b	8	couse. Enter UNDERLYING														
iffica the ph	庫川		e.	CAUSE (Disease or Injury that initiated example  DUE TO (OR AS A CONSEQUENCE OF):												
و فرق و	1 1 1	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEC	DUENCE OF	):		resulting in death) LAST								
PI =		CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEC	DUENCE OF	):										
attend attend T. O.	SER	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEC	DUENCE OF	):										
be dead the atte	L CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	AS A CONSEC	JUENCE OF	): 	ying couse given in	Part i. 24	a. WAS AN AUT	OPSY	24b. WE	RE AUTOPSY FINDINGS				
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ries that the deat signed by the atte lealth and Mental	EDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST	ds contributing to de	AS A CONSEC	JUENCE OF	): 	ying ceuse given in		PERFORME	0?	CO OF	MLABLE PRIOR TO MPLETION OF CAUSE				
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LIVISION OF VITAL RECORDS,  A. OR ATENDING PHYSICIAN: The law requires that the deat  A. DIRECTOR: After this certificate has been signed by the atte  To bours after death with the State Degr. of Health and Mental  If Item 28 is marked, or item 23 shows any injury,	TO BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONTI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	BOE TO CAUS  B CONTributing to de:  B CONTRIBUTE TO CAUS  HOSPITAL:  1   Inpatient 2   ER  28s. DATE OF INI (Month, Dey.)  28s. PLACE OF INI building, stc.  CIAN: To the bast of my  R: On the basis of sxami	ath but not r  SE OF DEA  26. PLAC  26. PLAC  R/Outpatient 3  URY  Year)  knowledge, dei instion and/or i	TH YE E OF OEAT  DOA  28b. TIME INJ  sth occurre investigation	The underly state of the state	UNCERTAIL  Inche  Injury AT  WORK?  YES 2 NO  office  date and place, and due  n, death occured at the  29c. LICENSE NUE  3 ( 6 )	8 Other (S 28d. DESCR 28f. LOCATIC City or 1 to the cause Hime, date en	PERFORMED YES 2  Pecify) Pecif	RY OCCURED  Number of Ru  es stated.  ie to the cau  d. DATE Sign	NED (Mo	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO Number, d menner as stated.				
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# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					Ce	ertifica	te of i	Death		R	eg. No.			
THE REAL PROPERTY.		1. Decedent's Neme (First, Middle							I	2. Dete of Dee	th		3. Tim	f = th
Physic /Medi		Willis Leroy C	LARK							Month	Dey 17	96	10.	FH.
/wedi		4e. Fecliity Neme (If not Institution	, give street end	number)			4	b. City, Town	n, or Loc	ation of Deeth	4c. County	of Deeth	316-	
		136 Plantation	Drive					Н	lage	rstown	Was	hingt	ton	
Funeral	Г	5. Social Security Number	6. Sex		yrs. last birthday	) If Unde Months	r 1 Yeer Deys	If Under 24 Hours	4 Hrs. Min.	8. Dete of Birth (Month, Dey				te or Foreign
Director		214-32-4963	1 2 M 2 □ F	61	Yrs.	I WOTE TO	Doys	Tiodis	IVIIII.	May 2	1, 1934		ylar	
pu »		Usuet Residenca of Decedent  10a. Stete 10b. County		10	c. City, Town or I	ocation						40	al Incide	Oib : Limite
shor	2		hington		c. Oily, TOWN OF L		a a a c	stown				10		es 2000 No
he N	ecto	10e. Street end Number	migton					Stown			0.000			
No.	Funeral Director	136 Plantation I	Drivo			101. 21	Code .	1700		1	0g. Citizen of V		ryr	
# 23	era.			ecedent Ever	In II C 40	Was Dass		21740	n 2 / C n = 1	-H. Von on No	No- 14. Rece - American Indian,			
Her de	'n	11. Maritel Status  1 → Never Merried 2 → Merrie	Armed	Forces?		If Yes, spe	cify Cubs	in, Mexican,	Puerto P	cify Yes or No- lican, etc.)		ck, White, e		•
nd 2 should be filled within 72 hours efter deeth with the Meryland than and Mental Hygiene. It have seen a seed show the transparent of the merked other than "naturel", or flems 23s or 28s-4 show transparent seen, the Medical Examiner must be notified at	by F	3 Widowed 4 Divorced	If Yes,	Give 195	6-58	1 🗆 Yes	2 <b>X</b> Vo	Specify:			Specify	· wh	nite	
n 72 hours "naturel",	8	15. Decedent		7 50103.	16a Dec	edent's Usu	el Occup	ation			16b. Kind of B			
in 72	Completed	(Specify only highes	t grede complete		(Giv	e kind of wo	ork done	during most o	of workin	19	TOD. TURIO OF DE	2011/05/24 100	ustry	
d within giene. r than "	E	Etementery/Secondary (0-12)	College	9 (1-4or 5+) <b>1</b>		ac	lvert	ising			supe	ermar	ket	
e filed al Hygie other vent, II	BeC	17. Fether's Neme (First, Middle, L	.ast)						's Neme	(First, Middle, I	Maiden Suman	10)		
should be nd Mental marked o	To B	Clyde Leroy	Clark					On	edia	Campb	ell			
d 2 should be filed th and Mental Hyg 7 is marked other traumatic svent,	-	19e. Informent's Neme/Reletionsh	Ip (Type, Print)		19b. Mai	ling Addres	s (Street			Route Number		Stete, Zip i	Code)	
CENL		Geraldine Crilly	, sister	•	17	706 W	inte	rberry	/ Ro	l., Hage	rstown	.Md.	2174	10
		20a. Method of Disposition			Ob. Ptece of Disp	osition (Ne	me of				20c. Location -			
0 = 5		1 ☐ Suriel 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (Sp		m Stete	Rest H				2-2	21-96	Hager	stown	Mar	ryland
permit. Pe Departmen Important: any Injury		21. Signeture of Funeral Service L										J ( 0 11 11	, , , , ,	yranic
Departiment of the policy of t		5-4 24	M	71.	- 0					L HOME				
		23a. Pert1. Enter the disease, or	complications the	et caused the	death. Do not ex	415	te of dvin	IISON	BIV(	d., Hage	erstown	,Md.	2174 Approxim	.0
Physiclan		shock, or heert failure. List o	only one ceuse o	n eech line.			,	,					Intervel E Onset en	Between
/Medical		Immediate Cause (Final	1	u	- 1	<del></del>	0		1	1 1	N.	-	-1	•
Examiner		disease or condition resulting in death)	e. H	Amo	to (or es s conse	w	Co	Ruen	7	) Asula	1 116	sauce	200	me
	je l			Due	to (or es s conse	equence or)	;	(	V			į		
d d ensit	Examiner	b									-			
exec an en riei-tr		Sequentiatly list conditions, if eny, leeding to immediate cause. Enter Underlying	7	500	10 (01 05 0 001101	,4001100 01)	•							
eeth certificate be executed ettending physician end for use es the buriel-trensit	edicai	thet initiated events	c	Due	to (or es e conse	quence of):								
tifica g ph es th	Ped	resulting In death) Lest				400.100 0.7.								
endin use	M/ue		d									t		
0 0 0	Physician	Pert II. Other significant condition	ns contributing to	death but no	ot resulting in the	underlying	euse giv	en in Pert I.		23b. Did to	obacco uee co	ntribute to	the caus	se of death?
t the by the tache	hy					, , ,				1□ Y	ee 2□ No	3 ☐ Prob	ably 4	Unknow
es thet igned b	by F													74
(n ~c)										24e. Wes s	n eutopsy	24b. Wer	re eutops	sy findings
- L 0)	Completed									penon	meu :	com	npletion o	of cause
0 - 0	E O									1 🗆 Y	es 2000		Yes 2	2□ No
iclan: The certificate rector, pag		25. Wes case referred to medical						28 Place o	of Dooth	(Check only or			100 2	
	To Be	examiner?	Hospitet:	☐ Inpatient	2 ER/Outpatie	ent 3 D	Oth	or:		ne 5 🖾 Reside		or (Specific	.)	
£ 5 E		27. Manner of Deeth	28e. De	te of Injury	28b. Time		28c. Injun Wor		-	8d. Describe h			/	
th. : After s tuner	tio	1 RNatural 5 ☐ Pending 2 ☐ Accident Investig		onth, Day Ye	ar) Injury	м		k? Yes 2∐No	0					
for Attending after death. Director: After din by the fune	Certification:	3 ☐ Sulcide 6 ☐ Could no	ned 200. Fit	ce of tnjury -	At home, ferm, s	treet, fector	y, office		2	8f. Location (S	treet and Numb	er or Rural	Route N	lumber,
5 4 5 도	er	4 Homicide	bui	ilding, etc. (S	pecify)					City or Town	n, State)			
apita hours nere y fille		29e. Certifier 1☐ Certifying	Phyelcisn: To t	the best of my	/ knowledge, dee	th occurred	et the tim	ne, date and	place, ar	nd due to the c	ause(s) end ma	unner es sta	sted.	
To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edicai	(Check only 200 Ms dical E	xaminer: On the end m	basis of exe enner steted.	minetion end/or t	nvestigation	, In my o	ptnion, deeth	occurre	d et the time, d	ate end plece,	end due to	the cause	e(s)
Vithii To th	Z	29b. Signature and title of cartifier				29	c. Licens	e number		2	9d. Dete stgne	d (Month, E	Jey, Year	7)
		A A	777	1	0.0	Dm -		00	2-142	5	2/10	2k1		
		30. Name and address of person M	no completed of	use of chath	(Item 23e) (Type	Print)	4		1	erstous	-//	1/160		
		Antila II II	10	731	mes la	111	00)	Dr 1	100.	er. An.	ur			
Sta	ate	31. Date filed (Month, Dey, Year)	32	Registrer's	Signeture	V (			4.9	1 0 locato		d		
Reaist	_	FFR 2 01996	This Man	Aug .	11 10				-					

With the proof and  1. Decedent's Name (First, Middle, Last)

Arthur Earl CLINE

4a. Facility Name (If not Institution, give street and number)

or Print in Black Indelible ink. Assure Attended to the of Maryland / Department of Health and	All Coples Are Le Mental Hygiene	egible.	05811
Certificate of Death	Reg. No.		
VE.	2. Dete of Death Month Day	1496	3. Time of Death 15:15

4b. City, Town, or Location of Deeth

4c. County of Death

**Physician** /Medical Examiner

L	c		Washington Count				Hage	rstown		hington	
П	Funeral		5. Social Security Number 6. S	Sex 7. Ag LX M 2□ F	e (In yrs. last bir	hdey) If Under 1 Y Months D		Min. (Month, D	ay, Year)	Birthplace (State or Foreign Country)	
	Director		Usual Residence of Decedent		73	13.		March	17, 1922	Pennsylvania	
	buel we		10a. State 10b. County		10c. City, Town	or Location				10d. Inside City Limita	
	72 hours efter death with the Maryland naturel, or items 23s or 28s-f show yes! Examiner must be notited at	tor	Maryland Washing	ton	На	gerstown				1 ☐ Yes 2 € No	
	or 28	Director	10e. Street and Number	2011	114	10f. Zlp Co	ode		10g. Citizen ot	What Country?	
	th wit	a D	9710 Old Nationa	1 Pike		21	740		U.S.A.		
	items in	Funeral	11. Marital Status	12. Was Decedent Armed Forces?	Ever in U,S.	13. Wes Decedent	t of Hispanic Origin Cuban, Mexican, F	n? (Specify Yes or No Puerto Rican, etc.)	lo- 14. Ra	ca - American Indien, ck, White, etc.	
20	s efte	by Fu	1 ☐ Never Married 2/☐ Married 3 ☐ Widowed 4 ☐ Divorced	1X Yes 2 ☐ I If Yes, Give	No	1 □ Yes 2 🔯			Specil		
215-0020	72 hours "naturel",	8	15. Decadent's E	Year or Dates:		Decedent's Usual O	ocupation		16b Kind of B	White usiness/Industry	
215	C	Completed	(Specify only highest gra Elementery/Secondary (0-12)	college (1-4or 5		(Give kind of work of life. DO NOT use r	lone during most o	f working			
2		E	12	0		ajor of C	orrection	n	Pris	on	
b	be filed the Hygin d other event, to	Be	17. Fether's Neme (First, Middle, Last,	)				Name (First, Middle	e, Maiden Sumai	me)	
Maryland		To	Arthur Robert C1	ine			Edi	th Newton			
lan	end end s m	ľ	19a. Informant's Name/Relationship (	Type, Print)		Meiling Address (S					
	C - OI -		Catherine Cline		-					Maryland 21740	
altimore,	F H		20a. Method of Disposition 1 ☐ Burlal 2 ☐ Cremation 3 ☐	Removel trom State		Disposition (Name of y, crematory or other	of r place)	Date	20c. Location	- City or Town, State	
tim	Pa Int:		4 ☐ Donation 5 ☐ Other (Specif	y)		aven Ceme		23-96	Hagerst	own, Maryland	
Bal	permit. Pages Department of Important: If it any injury or o		21. Signature of Funeral Service Licer	isee	1		ddress of Facility		Funeral	Home	
_	0.05 4 0		200011	Mase	ick	1	Wilson B			Md. 21740	
			23a. Part1. Enter the diseese, or com shock, or heart failure. List only	plicetions that caused one cause on each ii	the death. Do not	ot enter the mode of	t dying, such as ca	rdiac or respiratory	arrest,	Approximate Intervai Between Onset and Death	
ò	Physician /Medicai		Immediate Cause (Final	<b>W</b> 17		0.	1. 162		,	Onset and Death	
Ĭ	Examiner		disease or condition resulting in deeth)	a. Acul	E MYC	CAKDIA	L INF	AKC/10N		= HR	
		ē		CORE	Due to (or as a c	CARDIA consequenca of): ARTER	ey Ms	TAST		2485	
	d d ansit	Examiner	Sequentially list acaditions								
ó	axec en an rial-tr										
68760,	ysicie	cal	thet millered events	c	Due to (or es e c	onsequence of):	4103			10 YRS	
	death certificate be axecuted e attanding physicien and of for use as the burial-transit	Physician/Medical	resulting in death) Last								
Box	th ce trandi	an		d							
O.	tha dea y the al	/sic	Part ii. Other significant conditions of	ontributing to death b	ut not resulting in	the underlying caus	e given in Part I.	23b. Did	d tobacco una co	ontribute to the cause of death	
9	5 > 3	P	CONGESTI	VE HEAR	I FAIL	URE		1	Yes 2□ No	3 Probably 4 Unknow	
ds,	8 5 8	d by			•			246 146	a ha autana.	24b. Were autopsy tindings	
200	v require been si should	etec	GARONIC	RENA	2 PAIL	IRE		per per	a an autopsy formed?	available prior to completion of ceuse	
Recor	0 - 0	Complete								of deeth?	
<u>a</u>	iclan: The l certificate he rector, page		CF 111						Yes 2 No	1 Yes 2 No	
Vital		o Be	25. Was case referred to medical examiner?  1 Yes 2 No	Hospital:	1	40.004	Other	Death (Check only		(0 - 4)	
ō		h-	27. Manne of Deeth	28e. Dete of Inju (Month, Da			Injury at	ing Home 5 Res	how injury occu		
Division	Attending Fir death. actor: After by the funer	Certification:	1 ☐ Natural 5 ☐ Pending 2 ☐ Accident Investigation		y Year) In	njury M	Work? 1 ☐ Yes 2 ☐ No				
Vis	or Attendin etar death. Diractor: Att d in by the fu	Hice	3 ☐ Suicide 6 ☐ Could not b	289. Place of Inj	ury - At home, fa	rm, street, factory, of	ffica	28f. Location	(Street and Num	ber or Rural Route Number,	
ō	s ofte	Cert	4 - Hormoide	building, et	c. (Specify)			City of Te	own, State)		
	To the Hospital or / within 24 hours eftar To the Funeral Dirac completely filled in b	edical	29a. Certifier (Check only one) 1 Certifying Ph	ysician: To the best of niner: On the basis of and manner sta	examination end	, death occurred at the formal transfer of th	he time, date and a my opinion, death	place, and due to the occurred at the time	e cause(s) and m e, date end place,	anner as stated. and due to the cause(s)	
	within to the To the comple	Me	29b. Signeture and little of certifier	5-50-1-7		29c. Li	cense number			ed (Month, Day, Year)	
			2 July	/ M	U)	b	44990	9	Feb	20, 1996. 713	
			30. Name and address of person who ZAFAR MALIK	completed cause of d	leath (Item 23a) (	Type, Print	A	1200 1	10 21	711	
	9		ZAPARZ MALIK	_ 20311	LAYYAN	15 KD	ISDONSI	30100 19	U A	11)	

State Registrar

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

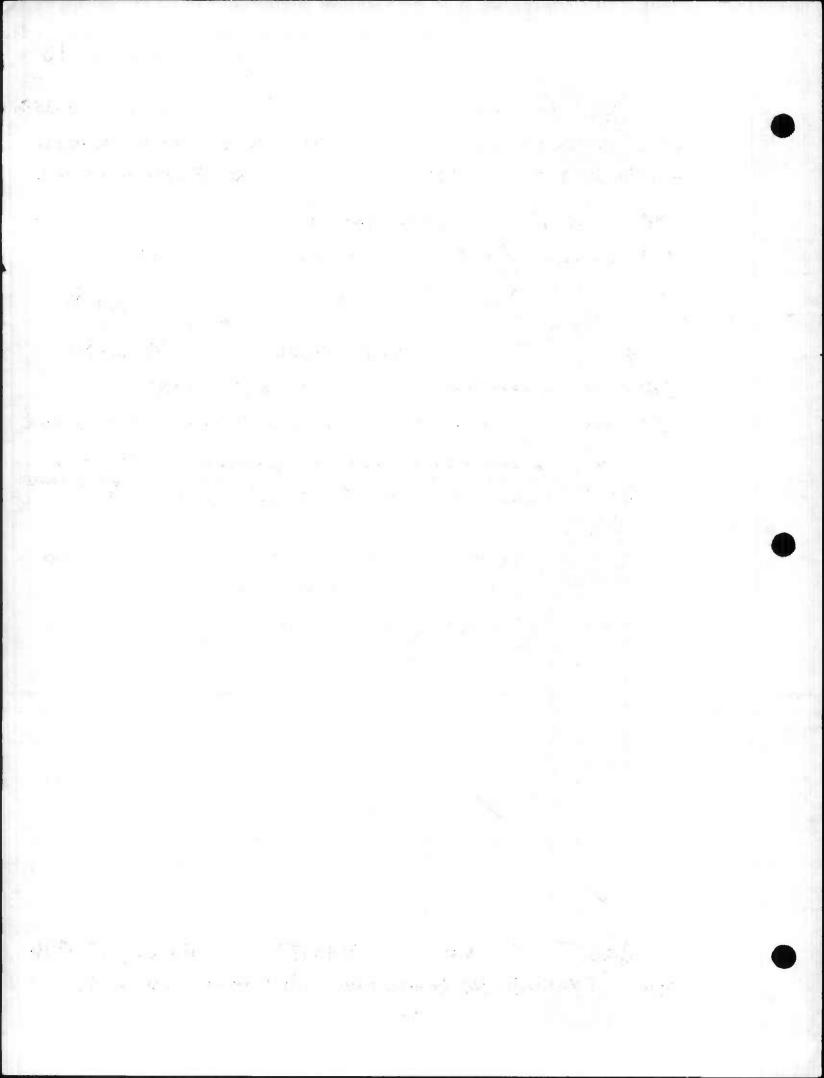
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC			MENTAL HYGIE!			
	1. DECEDENT'S NAME (First, Middle, Lest) Kenneth	Collis	S			2. DATE OF DEATH FED 18	1996	3. TIME OF DEATH 12:35 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTNPLACE (State or Foreign Country)	
	226-30-8212  90. FACILITY NAME (If not institution, give s	1 <del>X</del> M 2 □ F 68	YRS.		HOURS MIN.	May 19, 1		irginia	
B.	Physicians Memoria		96	LaPla		AIN	Charles		
5	RESIDENCE OF DECEDENT  100, STATE  100, COUNT		I and a						
DIRECTOR				OWN OR LOCATIO				10d. INSIDE CITY LIMITS?	
	Maryland St	Mary's		Charlot	<u>te Hall</u> ZIP CODE		I an outsteam	1 YES 2 NO	
FUNERAL	7795 Arborview D	rive			1622		ed States		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			IC ORIGIN? (Specify Y		RACE - American Indian,	
BY F	1 Never Married 2 XXMarried	FORCES? XX YES	2 NO ATES	1 TYES		n, Puerto Ricen, etc.)		Black, White, etc. Specify:	
	3 Wildowed 4 Divorced							White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of work life. Do NOT use re	done during most		16b. KIND OF BI	USINESS/INDUST	TRY	
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)							
M	17. FATNER'S NAME (First, Middle, Last)		Military	Civil F		Milita ME (First, Middle, Maide	ary US	AF	
				1			n Sumame)		
BE	William Arthur Co	LL1S	19b. MAILING AD	DRESS (Street an		nnie Cain Route Number, City or To	wn Stetn Zin Cor	rin i	
2	Tvalene Collis					Charlotte			
	20e. METHOD OF DISPOSITION	201	PLACE AND DATE OF	DISPOSITION (Nam	reof Ech '	27 DATE 0 -20c. L			
	1 X Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State Cen	rlington N	ational	. Cemetei	777		n . Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	-	22. NAME AND	ADDRESS OF FAC	CILITY T.CC Fin	neral H	ome,Inc 6633	
	M /2 / / / /	ZU		Old Al	exandria	a Ferry Ro	pad. Cl	inton, Md 20735	
$\dashv$	23. PAST I, Enter the diseasea, or	complications that cause	d the death. Do not			-			
- 1	ahock, Dr heart fellure. List only one cause on each line.								
	disease or condition Rack ive Tarva								
	reaulting in death)	DUE TO (ON AS	CONSEQUENCE OF):	Tall	ure			3 mul	
z		Metasta	tic 4	una	Can	rex		2 month	
2	il ally, reading to lillingulate	DUE TO (OR AS	A CONSEQUENCE OF):	0					
S	CAUSE (Disease or injury	C							
	that initieted eventa resulting in deeth) LAST	DOE TO (ON AS )	A CONSEQUENCE OF):					i	
CERTIFICATION		d							
AL	PART II. Other significant condition	na contributing to death i	out not reaulting in	the underlying	ceuse given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
S						1 TES	2 X.NO	COMPLETION OF CAUSE OF DEATN?	
ME								1 TES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONT	RIBUTE TO CAUSE C			UNCERTAIN	1 🗆			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATN	(Check only one)					
YS	1 TYES 2 NO	1 Linpatient 2 ER/Out	patient 3 DOA 4	☐ Nursing Home		6 Cother (Specify)			
F	27. MANNER OF DEATN  Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOF	RK?	26d. DESCRIBE HOW	/ INJURY OCCUR	ED	
BY	2 Accident Investigation	28a PLACE OF IN ILID	Y — At home, ferm, stre		ES 2 NO	281. LOCATION (Stree	ot and Mumber on	Sund Stanto Number	
COMPLETED	3 Suicide 8 Could not be 4 Nomicide determined	building, etc. (Spe		et, rectory, diffee		City or Town, Stat		nurer noore number,	
29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(e) and menner ee stated.									
MIC	Torroom ormy	ER: On the besie of examination						euse(e) end manner ae stated.	
296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Your)  PED 19, 1996  30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Typo, Print)  M. ASHARF MEELU, M.D. # 2 St. Patrick Drive Scuta 105  WALDOLF, M.D. 20803  31. DATE FILED (Month, Day, Your)  FEB 2 1 1996  32. REPISTRAR'S SIGNATURE  AND CONTROL OF CONTRO							IGNED (Month, Day, Year)		
TO BE	Mishiel	Hech M	D		D 462	46	> Fe	6 19, 1996	
F	30. NAME AND ADDRESS OF PERSON WI		EATN (ITEM 27) (Type, Pr	t. Pa	trick	Drive	suite	102	
	31, DATE FILED (Month. Day. Year)	EELU MI)	NATURE			WA	DOCK,	mD 70803	
	FEB 2 1 199	6 July Dies	dear Randall						

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 05813

			Decedent's Neme (First, Middle, La.	st)	Cer	tificate o	f Death	2. Dete of	Reg. No.		3. Time of Deeth
	Physic			ONTARINI				Month FOSDUM	Dey	Year 1994	6:35 Pm
	/Medi Examii		4e. Facility Neme (If not institution, give	11101			4b. City, Tow	n, or Location of De			0 33
			NORTH ARUNDEL	HOSPITAL			GLEN	BURNIE	ANNE	- An	WODEL
	Funeral Director		2017-10-06-21	ex 7. Age (In yrs. 7. Age (In	last birthday) Yrs.	If Under 1 Yee Months Dey			1.0	9. Birthp	placa (Stete or Foreign
	and and		Usuel Residence of Decedent  10e. Stete 10b. County	10c. Ci	ty, Town or Loc	ation				1	0d. inside City Limits
	Ba-1 sh	ctor	MO A.	A	Hen	Burn	ie				1 □ Yes 25 No
	th with the 23a or 2	Funeral Director	10e. Street end Number 717 Winne	er Road		10f. Zip Code			10g. Citizen of 1	Whet Cour	itry?
50	hours effer death with the Maryland lursi', or items 23s or 28s-1 show at Examiner must be notified at		11. Maritel Stetus  1   Never Merried 2   Merried	12. Wes Decedent Ever in U Armed Forces? 1 X Yes 2 ☐ No If Yes, Give		/es Decedent of Yes, specify Cu		n? (Specify Yes or Puerto Rican, etc.)	No- 14. Rac Ble Specifi	ck, White,	ean Indien, etc.
215-0020	"neturel".	ted by	3 ☐ Widowed 4 ☐ Divorced  15. Decedent's Ed	Yeer or Dates:	16a. Decede	ent's Usuel Occ	upetion		16b. Kind of B	w	dustry
21215		Completed	(Specify only highest gra	de completed) College (1-4or 5+)	(Give k	ind of work don O NOT use reti	e during most (	of working	MAS		
	filed with Hygiene. other then		17. Fether's Neme (First, Middle, Last)		2101	<u> </u>		s Neme (First, Midd			-7
Maryland	should be filed within and Mentel Hygiene. I marked other then umatic svent, the M	To Be	JOSEPH	CONTARIN	1		501	PITIA	BOSI		
Mar	12 sho h end r is me		19e. Informent's Neme/Reletionship (					or Rural Route Nur			
a,	Health Health Jem 27		20e. Method of Disposition	20b. F	Plece of Dispos	ition (Neme of		S Rd, Se	20c. Location		
altimor	Page nent o int: If i		1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Hemovel from Stete		etory or other p		2-20-1990			
Balti	permit. Pages 1 and Depertment of Health Important: if item 27 any injury or other to once.		21. Signeture of Funerel Service Licen		-	Neme end Add	ress of Fecility	AND.	SONSA	MET	PAR HOME
	Physician		23a. Part1. Enter the disease, or compshock, or heart feilure. List only	plicetions thet caused the deel one ceuse on each line.	h. Do not ente					1000	Approximete Intervel Between Onset end Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	· CEREBRO -	VASCUL	W-	Acau	>ENT		<u> </u>	2 days
	الجري	Jer			CLERO T		De	DISFA		1	V
	ificete be executed g physician and es the buriel-transit	Examiner	Sequentially list conditions,	0.	Due to (or es e consequence of):						, .
60,	icete be exe physician a s the buriel-		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events	· CONGESTIL	E H	DART	不	MAE			6 days
x 68760,	# 68	/Medical	resulting In deeth) Last	Due to (c	r es e consequ	ence of):					V
Box	eath certi	clan	Deat II Other Jone Was a sea that a sea				ness el .	1		Î	
P.0.	het the de ad by the detached	Physician/M	Pert II. Other significant conditions or	ontributing to death but not res	ulting in the und	derlying cause (	given in Pert I.		☐ Yes 2☑ No		the cause of death? bably 4 Unknown
of Vital Records,	v requires that the death cert been signed by the attendin should be detached for use.	eted by							es en eutopsy informed?	evi	ere autopsy findings allable prior to mpletion of cause
I Rec	hes hes	Completed						1[	Yes 20 No	of	deeth?
/ita	ysiclan: The s certificate director, peg	Be	25. Wes case referred to medical exeminer?	/				of Deeth (Check on	ly one)		
n of	Phys ral di	on: To	1  Yes 2 No  27. Menner of Deeth 1 Neturel 5  Pending	Hospital: 1 Inpatient 2 ☐  28a. Dete of Injury (Month, Dey Year)	ER/Outpetlent 28b. Time of Injury	3□ DOA C		sing Home 5□ Re 28d. Descrit	esidence 6 Oth e how Injury occur		v)
Division	Attending or deeth. ector: Atten by the fune	icati	2 Accident investigation 3 Suicide 6 Could not be		ama farm atra		⊒Yes 2□N		/Street and Numb	or or Pure	I Pouto Number
Div	tal or A rs efter al Direc led in by	Certification:	4 Homicide determined	28e. Plece of Injury - At he building, etc. (Specif	et, rectory, office	9	City or	n (Street end Numb Fown, Stete)	er or Hura	I Houte Number,	
	Hospi     24 hou     Funer     Funer     ietely fil	Medicai	29e. Certifier 1 Certifying Phyone) 1 Medical Exam	ysician: To the best of my kno liner: On the basis of examine end menner steted.	wledge, deeth tion end/or Inve	occurred at the estigetion, in my	time, dete end opinion, deeth	pleca, end due to to occurred et the tim	ne ceuse(s) and me e, date and pleca,	enner as si and due to	eted. the cause(s)
	To th Withir To th comp	Me	29b. Signeture end title of certifier			29c. Lice	nse number		29d. Dete signe	d (Month,	Dey, Year)
			Sporten	W.D.		DA	3977		Februar	4 16	, 1996
			30. Neme and address of person who o	completed cause of deeth (Item	23a) (Type, P	rint)	· Cla	V BURNU	5 AA	210	tal
	Sta	te	31. Date filed (Month, Dey, Year)	32. Registrer's Signe	eture	DAME	' UVE	- Boroco U		acio	ΨΙ
	Registr		EER 21 1006	A. Mandonak							

DHMH 16 Ray 6/95



BOX 60/60	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Debt. of Health and Mental Mytiene prior to burial, criemation, or removal.	ther traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 66/60	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after clearly with the State Delpt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

•	FOR STATE REGISTRAR	STATE	0F	 / DEPARTMENT CERTIFICATE	-	 	MENTAL	HYGIENE REG. NO.
6	SCEDENT'S NAME (First Middle Last)						2 DATE O	E DEATH

1. DECEDE	ENT'S NAME (First	Middle, Last)	FDANCT	S WILSON	CAM	DREI	7			MONTE	OF DEATH D	MY	YEAR OOG	3. TIME OF DEATH		
4, SOCIAL	SECURITY NUME	ER	5. SEX	6. AGE (In yrs. Inc		IF UNDER		IF UNDE	R 24 HRS.	7. DATE	OF BIRTH	12 1	S. BIRT	7:40 M		
	-01-66		1 M 2 F	80	YRS.	MONTHS 95 CITY	DAYS	HOURS	MIN.	May	1.5,		5 V	irginia		
e N	NATIONAL NAVAL MEDICAL CENTER						BETHESDA MONTGOM									
10a. STATI		10b. COUNTY	1		10c. C/1	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY		
	yland	Ann	e Arund	lel									1 YES XX NO			
A P	8 Emerson Road						21146						U.S.A.			
	Merson AL STATUS	коас	12. WAS DECEDEN	T EVER IN U.S. AF	MED	13.	WAS DEC				17 (Specify Ye		14 BAC	E - American Indian.		
3 X Wide	owed 4 Divo		FORCES?	YES 2 1	МО				en, Mexica Specif		Rican, etc.)		Spec	ok, White, etc. Dity: Dite		
		EDENT'S EDU		16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON st of work	ina	16b	KIND OF BU	ISINESS/IN	DUSTRY			
Eleme	ntary/Secondary (		College (1-4 or 5	- Alfa	. Do NOT u	se retired.)	outing inc	0, 0, 0,0,0								
<u> </u>	12+			Aer	osp	ace	Eng	-						Corp.		
0	r's name (First, M		Campbe	1							widdle, Maider rphy	Sumame)				
19a INFO	RMANT'S NAME (		oampbe.		b. MAILING	ADDRES	\$ (Street a				ber, City or Tox	vn, State, 2	(ip Code)			
Mrs	Mrs. Jane Simmons										parks	s, M	D	21152		
20a. METI	NOD OF DISPOSIT	ION on 3 D Rem	oval from State	20b. PLACE cemetery, cri	nenalanı or	other place				DAT				own, State		
a C Don	etion S C Other	(Specify)	0	Ar]	ing	ton,	Vi	rgi	nia	2-2	2+199	96 A	rli	ngton, VA		
21. SIGNA	STURE OF PUREFU	L SERVICE LIC	Consult.			<sup>22</sup> .	Barr	anc	O &	Son	s Fu	nera	1 H	ome 21146 Park, MD		
1	Bongs	3/0	XI ODS	xm	1	1	195	Rit	chi	e Hw	y . S	ever	na .	Park, MD		
if any, is cause. I CAUSE that init	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):															
PART II.	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPS' PERFORMED?  1 YES 2 XNO									Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?					
Σ	TOBACCO U	ISE CONT	RIBUTE TO CA	USE OF DEA	ATH Y	ES 🗆	NO [	JUN	CERTAI	N 🗆				1 YES 2 NO		
25. WAS (	CASE REFERRED	O MEDICAL	HOSPITAL:	26. PLA	CE OF DE	ATN (Check										
S 1 D	YES ZX NO		1 X Inpatient 2	ER/Outpetient	3 🗆 DOA	4 Nu		ne 5 🗆 1	Rasidenca	6 🗆 Othe	or (Specify)					
T IVI	IER OF DEATH	Pending	28a. DATE OI (Month, I		28b. Ti	ME OF JURY M	W	JURY AT DRK? YES 2	□ NO	28d. DE	SCRIBE NOW	INJURY O	CCURED			
	Accident Suicide 8 (	Investigation  Could not be determined	28e. PLACE ( building	OF INJURY — At h, etc. (Specify)	ome, term.	, street, fac				28f. LOC City	CATION (Street or Town, State	t and Numt e)	per or Rura	Route Number,		
29a. CERT (Chec one)	ck only		ICIAN: To the best of											(a) and manner as stated.		
296. SIGN	HATURE AND TITE	E OF CERTIFIE	11						CENSE NU			29d. D		D (Month, Day, Year)		
0	J. W.	0	car -						S-00					, 12, 1996		
30, NAME	-	AFER	TT MC	TIGN	EM 27) (79)	M, P100					AL MEI 20889-			TER		
31. DATE	PILED Month. Day	War!		AR'S SIGNATURE					LIODA.		2.0009	טטטר-				
	FEB 2	1 1996	Salsad	Budlerko	Mall									DHMH-16 Rev 1/		

ath. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIT	TO THE FUNERY be filed within 7	IMPORTANT

									9	16	05815
	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF				WENTA	L HYGIENI REG. NO.	E		
	t. DECEOENT'S NAME (First, Middle, Last)		^					OF DEATH			TIME OF DEATH
	DOROTHY	1.	COLE				FE			96	9:01 A N
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (!	n yrs. lest birthdey)		R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1	BIRTHPL	ACE (State-of Foreign
	274-16-9098 t		77 YRS.	MONTHS .	DAYS	HOURS MIN.		27/19	9c. COUNT	Spri.	ngfield
DIRECTOR	Washington Adv		spital			na Park			Mont		
2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c, CIT	Y. TOWN	OR LOCAT	ION				10	d. INSIDE CITY
H.	D.C.		I.	lash	ingt	ton				1	LIMITS?
	10e, STREET AND NUMBER			10.0011		ZIP CODE			10a CITIZI		AT COUNTRY?
RA	2330 Goodhope	Pond C F	#311			20020			log. orriz.	US.	
<u>H</u>				-							
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		13.	WAS DECI	ENDENT OF HISPAR active Cuban, Mexica 2.4 NO Specifi	n, Puerto	N? (Specify Yes Ricen, etc.)	or No — 1	Black, V	American Indian, Vhita, atc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col		16a. DECEDENT'S (Give kind of	USUAL C	CCUPATIO	ON of working	160	. KINO OF BUS	INESS/INDU	STRY	
ET		College (1-4 or 5+)	Ille. Do NOT u	se retired.)		st or working					
4	12th		Sales	per	son			Gar	fincl	cel'	S
ON	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First,	Middle, Maiden	Sumame)		
	Chollie Cobb					Mall	ie	Gray			
BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	AOORES	S (Street a	nd Number or Rural	Route Nun	ber, City or Yow	n, State, Zip C	Code)	
5	Michelle Cole		2330	Go	odh	ope Rd.	#70	2, Wasi	h, DC	200	20
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		PLACE AND DATE etery, cremetory or of 1 NCO In	OF DISPO	SITION (Na	me of	OAT		CATION — C	ity or Town	, Stata
	21. SIGNATURE FUNERAL SERVICE LICEN		LIICOLII	22	NAME AN	D ADDRESS OF FA	CILITY				
	7 /01	11 1			Aus	tin Roy	ste				
	Teny 4.	MIL		3	605	14th S	t.	N.W.,	Wash,	DC.	20010
	23. PART I. Enter the diseases, or cor	mplications that caused	the deeth. Do	not ante	r the mo	da of dying, auc	h aa car	diac or reapi	ratory arre	et,	Approximata
	shock, of heart failure. Lis IMMEDIATE CAUSE (Final	st only one ceuse on el	ach line.								Intarval Between Onset and Desti
	41	SEncie									DAVC
	resulting in death) a.	SEPSIS	CONSEQUENCE C	IE)·						PAYS	
			_	,		D					LEEVE
NO	Sequentially list conditions, b.	STATUS	CONSEQUENCE O	COL	CON	ary B	11998	22.			WEEKS
HIFICATION	if any, leading to immediate cause. Enter UNDERLYING					DISEA	Character .				1/ 00
3	CAUSE (Disease or injury C.	CORONARY	CONSEQUENCE	AR	7	DISER	36				YEARS
Ë	that initiated events reaulting in deeth) LAST	DOE TO (OR AS A	CONSEQUENCE	rr ).							İ
CER	d.										İ
	PART il. Other algnificent conditiona	contributing to deeth b	ut not reaulting	in the u	nderlyln	g ceuse given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
MEDICAL	ANILPIC DE	ENAL FA	ILURE					PERFOR			MAILABLE PRIOR TO OMPLETION OF CAUSE
G							_	1 TYES 2	MO		F DEATH?
×	DABETES					1				1	YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRI					UNCERTAI	ИП				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA								
S		THOSPITAL.   OTHER:									
H	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. Til	WE OF	28c. INJ	IURY AT ORK?	28d. O	SCRIBE HOW I	NJURY OCC	URED	
1											
	3 Suicide 6 Could not be	26s. PLACE OF INJURY		street, la	ctory, offic	a		CATION (Street	and Number o	or Rural Roc	ite Number,
4 Homicide detarmined building, atc. (Specify)											
COMPLETED	29a. CERTIFIER	ANI To the best of	Index 4: 14		41-					4	1
MP	(Check only	AN: To the best of my know									and manner as the co
00	2 MEOICAL EXAMINER:	On the pasts of axamination	n and/or investigati	on, in my	opinion, d	water occured at the	time, dal	and piace, an	u uua to the	cause(8) 8	nto manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU					Aonth, Day, Year)
0 B	1 amias Ille	u				D362	07			3-3	-96
E	20 NAME AND ADDRESS OF DEDSON WHO	COMPLETED CALIFE OF AF	ATH OTEM 27 CE	a Chilada							

PART I	1. (	Other	algnificent	conditiona	contributing t	o deeth	but not	reaulting	in the	underlying	ceuse	given i	n Part
	1	1 111	1011	Di	-XIAI	V-	411	105					

DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF DEATH	YES ☐ NO ☐	UNCERTAIN
S. WAS CASE REFERRED TO MEDICAL	26. PLACE OF	DEATH (Check only one)	

DID TODACCO COL COTT	MIDDIE TO CACOL OF PLANT	EO LA ITO LA OTTOCKIAMITA LA								
25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)									
EXAMINER?	HOSPITAL:  1 X Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4 □ Nursing Home 5 □ Rasidenca 6 □ Other (Specify								

186. TIME OF	28c. INJURY AT WORK?
М	1 YES 2 NO

INJURY AT WORK?  YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED						
ffica	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

one) 2 MEOICAL EXAMINER: On the basis of examination and/or investigation	n, in my opinion, death occured at the time, data and pl	ace, and dua to the cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER TUMBS HELLY	29c. LICENSE NUMBER 236207	29d. DATE SIGNED (Month, Day, Year)  2 - 2 - 76

WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

#400, Takoma Park, MD. 20912 Carroll 7610 Avenue

31. DATE FILED (Month, Day, Year FEB 13



558 13 1985 All Million Budge

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				-	epartment of Certificate of			Reg. No.	00010		
Physic /Medi		Decedent's Name (First, Middle, Last,     ALBERT B	•	CL	EVELAND		2. Dete of De Month FEBRU	Dey ARY 9,	3. Time of Deeth 1996 0845AM		
Exami Funeral Director	ner	4e. Fecility Neme (If not institution, give SOUTHERN MARYLA 5. Sociel Security Number 577-56-9158	ND HOSPI	TAL CE o (In yrs. lest birth	Months Devs			PRIN	of Deeth  CE GEORGES  9. Birthplece (State or Foreign Washington, D.C.		
		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, Town	or Location		3		3		
Manyla H sho	tor	Maryland Prince Geo	rges	roc. Ony, rown	C	linton			10d. Inside City Limits 1,√Yes 2 □ No		
with the	Direc	10e. Street end Number			10f. Zip Code	20735		10g. Citizen of Whet Country? U.S.A.			
permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hygiene. Important: if Item 27 is merked other than "netural; or Itams 23s or 28s-f show shipury or other traumetic event, the Medical Examiner must be notified at some.	by Funeral Director	12912 Applecross Dr 11. Maritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces?  X Yes 2 N If Yes, Give Yeer or Detes:	2077	13. Was Decedent of If Yes, specify Cul	Hispenic Origin? (Sp pan, Mexican, Puerto	pecify Yes or No Rican, etc.)				
d within 72 hor giene. or then "netura", me the	Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12) 12th grade		+)	ecedent's Usuel Occu Give kind of work done fe. DO NOT use retin anager	during most of world	king	16b. Kind of Business/Industry Safeway Foods			
ould be file Mental Hy arked other	To Be	17. Fether's Neme (First, Middle, Last)  Eugene Clev	eland			18. Mother's Nam		Meiden Sumen			
and 2 sho selth and 1 1 27 is me or traume		19a. Informent's Neme/Relationship (Ty Mrs. Patricia A. Clevel		19b. N 129	Mailing Address (Stree 12 Applecros	s Drive Cli	inton, Mar	er, City or Town. Ty land 20	State, Zip Code) 1/35		
mit. Peges 1 ar partment of Hee portant: If Item 2 y Injury or other		20e. Method of Disposition  1 □ Burlei 2 □ Cremetion 3 □ F  4 □ Donetion 5 □ Other (Specify)	temovel from Stete	cemetery,	isposition (Name of cremetory or other pla Veterans! Ce		Dete /16/96		City or Town, Stete em, Maryland		
Physician //Medical Examiner  bhysician and physician and se the prival-transit	edical Examiner	23a. Perf. Enter the disease, or complishock, or heart feilure. List only of immediate Cause (Finel disease or condition resulting In deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Lest	ATHERO	0.	CANO W nsequence of): nsequence of):				Approximate Interval Between Onset and Death		
deeth certifi e ettending ed for use es	Physician/M	David Other classification and the	1								
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े हैं हैं व	Certification:	3 Suicide 6 Could not be determined	28e. Piace of Inju building, etc.	ry - At home, ferm (Specify)	, street, fectory, office		28f. Location (\$ City or Tov	Street end Numb vn, State)	er or Rural Route Number,		
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Registrar

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Rilla Jo Dillon 1996 January 05 6:10 a 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Sept 13, 1935 IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS 1 🗌 M 2 💢 F 214-36-4802 60 Pennsylvania 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH The Kent & Queen Anne's Hospital Inc Chestertown MD Kent County RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Queen Anne's Chestertown 1 TYES 2 X NO 10e, STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 109 Fairview Drive, Chester Harbor 21620 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 □ YES 2 ▼ NO Specify: 14. RACE — American Indian Black, White, etc. 1 Never Married 2 X Married 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 4 Teacher Education 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Donovan Harrison Phyllis Thompson 19a INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code Donald S. Dillon 109 Fairview Drive, Chestertown, Maryland 20s. METHOD OF DISPOSITION

1 Burlai 2 Cremation 3 R

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Capitol Crematory 1/5/96 Dover, Delaware 22, NAME AND ADDRESS OF FACILITY Fellows-Wells Funeral Home 413 High Street, Chestertown, Maryland 21620 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory stress, ahock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death days disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 10 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 1 TES 2 NO elpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and piece, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to 29b. SIGNATURE AND TITLE OF CERTIFIER

DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

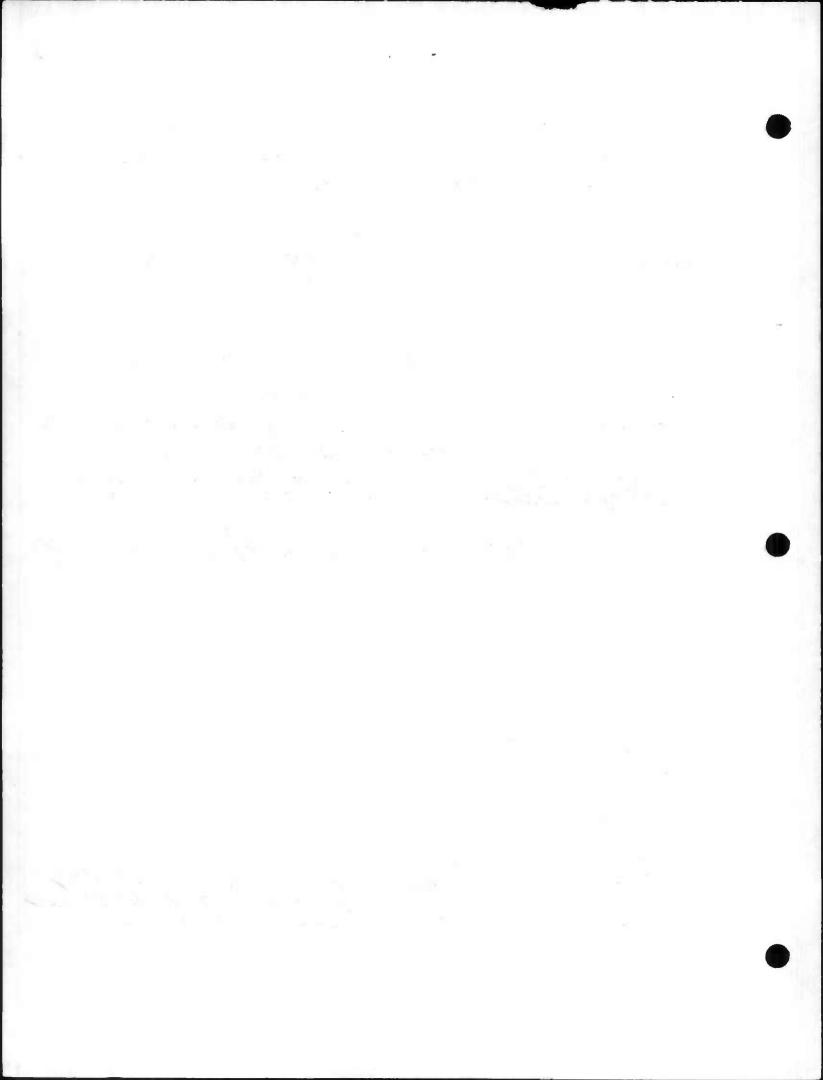
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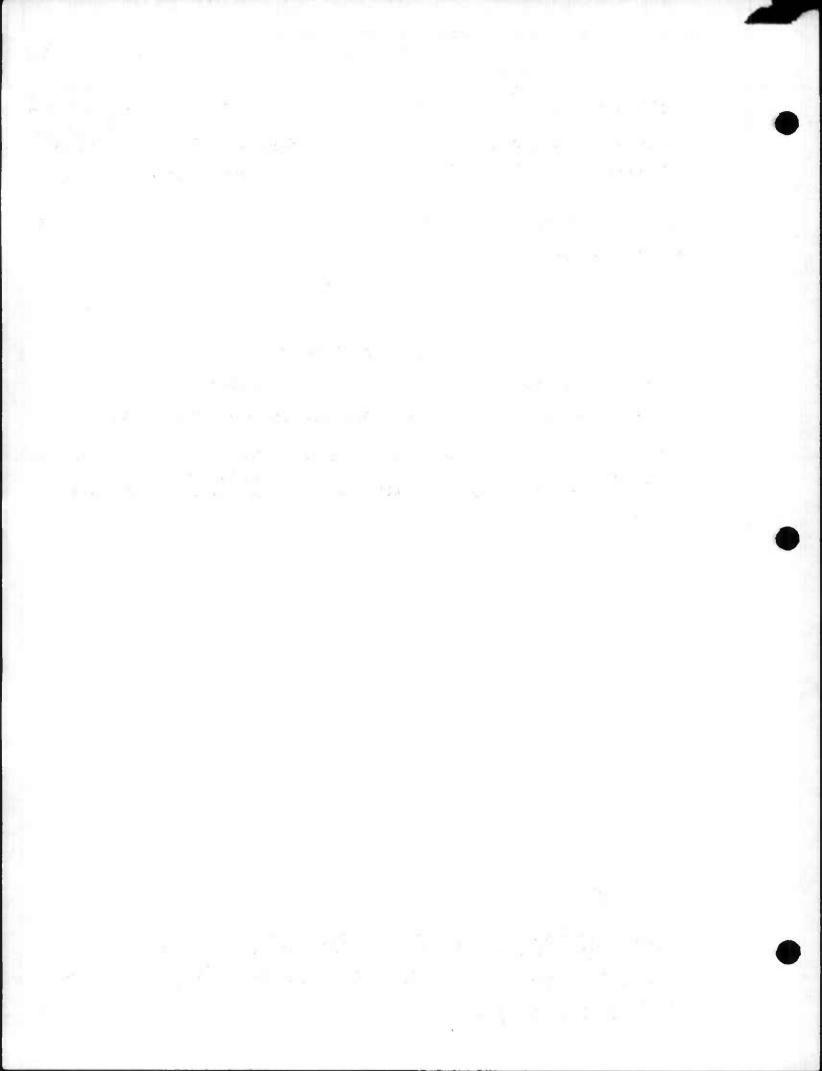
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		OLITI	FICATE OF		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH		3. TIME OF DEATH			
	Blanche Augusta 1	Davis		February 1		96 1637 M					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday	) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign			
	213-16-7620	1 🗆 M 2 💢 F	76 YRS.	MONTHS DAYS	HOURS MIN.			BIRTHPLACE (State or Foreign Country) INNUS Corner, MD			
OR	90. FACILITY NAME (If not institution, given The Kent & Queen		pital	Chester	DR LOCATION OF DI	EATH	sc. COUNTY OF DEATH Kent				
딩	RESIDENCE OF DECEDENT  10a. STATE  10b. COU	NTY	10c C	ITY, TOWN OR LOCA	TION			10d. INSIDE CITY			
DIRECTOR	Maryland Queen	n Annes		lington				1 YES XX NO			
FUNERAL	2819 Millington			10	21651		U.S.	OF WHAT COUNTRY?			
BY FUR	1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ABMED YES 2 XNO WAR OR DATES	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) ly:	or No— 14.	RACE — American Indian, Black, White, atc. Specify:			
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ME	17. FATHER'S NAME (First, Middle, Last)		Storeke	eeper		Grocer		e/Deli			
BE CC	John Squires				100000000000000000000000000000000000000	ME (First, Middle, Maiden Prince	Surname)				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIF	IG ADDRESS (Street		Route Number, City or Town	n, State, Zip Coo	de)			
5	Joseph W. Davis		2819	Millingt	on Road.	Millington	n. Mar	vland 21651			
	20a. METHOD OF DISPOSITION	14	20b. PLACE AND DAT	E OF DISPOSITION (N	ame of	DATE 20c. LO		or Town, State			
	1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	imoval from Stata	Cruipton Cel	retery/Febr	uary 21, 1	996 Crump	oton, Mar	ryland			
	21. SIGNATURE OF FUNERAL SERVICE	CILITY	am Funeral Home, P.A.								
	Fellows, Helfenbein, & Newnam Funeral Home, P. 370 W. Cypress Street, Millington, Maryland 2										
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  Approximate interval Between										
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	disease or condition resulting in death)  a. Asinocaremona of Jung 13										
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CIAN: MEDICAL	PART II. Other algnificant conditions to the condition of	TRIBUTE TO CA	USE OF DEATH 1	/ES □ NO □	UNCERTAI	PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SICIAN: MEDICAL	PART II. Other algnificant conditions of the part of t	HOSEPTAL:	SUSE OF DEATH  28. PLACE OF DE  ER/Outpetlant 3 □ DOA	/ES NO CATH (Check only one) OTHER: 4 Nursing Hor	UNCERTAI	PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Y PHYSICIAN: MEDICAL	PART II. Other algorificant conditions of the co	HOSEITAL: 1 If Inpetient 2 28e. DATE OF (Month, D	28. PLACE OF DE ER/Outpetlant 3 DOA INJURY 28b. T	/ES NO CATH (Check only one) OTHER: 4 Nursing Horilme OF 28c. IN.	UNCERTAI	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
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OMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of the part of t	HOSEPTAL: 1 Propertient 2 28e. DATE OF (Month, D) 28e. PLACE O building, YSICIAN: To the best of	28. PLACE OF DEATH  28. PLACE OF DE  ER/Outpetlant 3 DOA  INJURY  ay, Year)  28b. T  Iny knowledge, death occur  Try knowledge, death occur	ATH (Check only one)  ATH (Check only one)  ATH (Check only one)  ATHER:  4   Nursing Hor  WW  1    1, street, factory, office  where the time of the	UNCERTAI	PERFOR  1 VES 2  N D Secrity  28d. DESCRIBE HOW II  26f. LOCATION (Street a City or Town, State)	NJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
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E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions and the second secon	HOSPITAL: 1 Pringerlent 2 28e. DATE OF (Month, D) 28e. PLACE O building, YSICIAN: To the best of siner.	SUSE OF DEATH  28. PLACE OF DE  ER/Outpetlant 3 DOA  INJURY Lay, Year)  PF INJURY — At home, farmetc. (Specify)  Imp knowledge, death occur  xamination and/or investigation	ATH (Check only one)  ATH (Check only one)  ATH (Check only one)  ATH (Check only one)  ATH (Check only one)  A Nursing Hor  But Nursing Hor  WW  1	UNCERTAI	6 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(a) and mare a time, data and place, and	NJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions and the part of	HOSPITAL: 1 Pringerlent 2 28e. DATE OF (Month, D) 28e. PLACE O building, YSICIAN: To the best of siner.	SE OF DEATH  28. PLACE OF DE  28. PLACE	ATH (Check only one)  ATH (Check only one)  ATH (Check only one)  ATH (Check only one)  ATH (Check only one)  A Nursing Hor  But Nursing Hor  WW  1	UNCERTAI	6 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(a) and mare a time, data and place, and	NJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,			



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State of Maryland / Department of Health and Mental Hygiene

				Certificate of Death	F	Reg. No.		
	Physici /Medic		1. Decedent's Name (First, Middle, Last)  AGNES MAC DOVEGA		2. Data of Dea Month	Day	Year	3. Time of Death
1	Examir Funeral Director	ner	4a. Facility Name (If not institution, give street and number)  Washington County Hospital  5. Social Security Number  6. Sex  7. Age (In yrs. last to the second street and number)	Hag irthday) If Undar 1 Year If Under 241	lin. (Month, Da)	h y, Year)	Wash 9. Birthpl Count	ington ace (Stata or Foreign try)
	D	or		vn or Location	April 1 May	1 1916	Ohio	Od. insida City Limits
	permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mental Hygiane. Important: if item 27 is marked other than "naturel", or items 23s or 25s-f show any figury or other traumatic event, in Medical Engines must be notified at once.	<b>Funeral Director</b>	10e. Street and Number  16505 Virginia Avenue  11. Marital Status 12. Was Decedant Evar in U.S.	10f. Zip Coda 21795  13. Was Decedent of Hispanic Origin? If Yes, specify Cuban, Mexican, Pc		U.S.A.	- Amarica	Iry?
-0050	hours efter fursi', or its	by	1 Nevar Married 2 Married  3 Nevar Married 2 Married  3 Nevar Married 2 Married  1 Yas, Give  Year or Dates:	If Yes, specify Cuban, Mexican, Pt  1 ☐ Yes 2 ▼ No Specify:  1. Decedent's Usual Occupation	Jano Hican, etc.)	Specify:	White, o	lte
d 21215-0020	filed within 72 Hygiane. ther than "na ent, the Medic	<b>Completed</b>	(Specify only highest grade completed)  Elementary/Secondary (0-12) Collaga (1-4or 5+)	(Give kind of work done during most of life. DO NOT use retired)  Executive Secretary	working Name (First, Middle,	Aircra	ft C	
Maryland	should be nd Mental marked o	To Be	Thomas Nelson Blickenstaff		Maude Scl	hroyer	_	Code
ore, Ma	of Health at fitem 27 is r other trau		Dennis L. Donegan	3314 Club Rd., Hag of Disposition (Name of ery, crematory or other placa)			217	42
Baltimore,	permit. Peges Department of I Important: If Ite any injury or of			Haven Cemetery 2-  22. Name and Address of Facility  415 E. Wilson B1	Minnich	Funeral	Home	Maryland
	Physician /Medical Examiner	er		TAUKE consequence of):		rast,	Win	Approximata Interval Between Onsat and Death
Box 68760,	ath certificate be executed trending physician and or use as the buriel-transit	ian/Medical Examiner	if any, laading to immediate ceusa. Enter Underlying Cause (Disease or Injury c.	consequence of):				CHAS
s, P.O.	The lew requires that the death cert lish as been signed by the attending page 2 should be deteched for use	by Physician/M	Part II. Other significant conditions contributing to death but not resulting  RECENT RIGHT Hours After C		23b. Did t			the cause of death?
Records,	e lew require has been si je 2 should	Completed	SEIZUNES AID COTT HOM	(PCK614.	perfor	an autopsy med?	ava	re autopsy findings illable prior to appletion of cause leath?
f Vital I		To Be Co	25. Was cese refaired to medical axaminer?  1 Yas 2 No Hospital: 1 Impatient 2 ER/C	Other	Death (Check only or g Home 5 Rasid	ne)		Yes 2 No
Division of Vital	sal or Attending Physician: s efter death. al Director: After this certific ed in by the funeral director,	Certification:	27. Manner of Death  1  Natural	Time of Injury at Work?  M 1 Yas 2 No arm, street, factory, office		now injury occurre Street and Number In, State)		Route Number,
	To the Hospital or within 24 hours efter To the Funeral Dir. completely filled in	edical	29a. Certifier (Check only one)  1	nd/or investigation, in my opinion, death or	ccurred at the time, o	data and place, ar	nd due to	the cause(s)
	Vill COM	Σ	30. Name and address of person who complated cause of death (Item 23a)	29c. Licansa number  (Type, Print)		29d. Data signed	(Month, L	Day, Year)
	Sta Registr		STCO HOW MET ZUCK IND  31. Date filed (Month, Day, Year)  FEB 1 3 1996	747 NonTHOWN	AUC-17	Acus	Tew	n, lh D



#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certificate o	f Death		Reg. No.						
	Physici	ian	Decedent's Name (First, Middle, La	st)				2. Date of Dea Month		Year 3.	. Time of Death				
	/Medi			ia DUNDUS				Feb		96	11:00 M				
)	Examir	ner	4a. Fecility Neme (If not institution, give	e street and number)			4b. City, Town, or I	ocation of Deeth	4c. County o	Death					
	c		Washington Coun		1		Hagers	town	Wash	ington					
1	Funeral		5. Sociel Security Number 6. S	Sex 7. Ag I□M 2□XF	e (In yrs. last bir 83	Months   Day		8. Date of Birth (Month, Day	h y, Year)	9. Birthplace Country)	(Stata or Foraign				
	Director		219-05-2542 Usuel Residence of Decedent		0.5	Yrs.		April 7	1912		ryland				
and	ž		10a. State 10b. County		10c. City, Tow	n or Location				10d. I	Inside City Limits				
Za Za	th the Mary or 28a-f sho	0	Manual and Washi		77						1 ☐ Yes 2 ☐ No				
the		Director	Maryland Washi  10e. Street and Number	ngton	па	Hagerstown 10f. Zlp Code			10g. Citizen of WI	hat Country?	X				
with	8 4	ō	11508 Greenberr	v Road			740		U.S.A						
death	1 5 T	Funeral	11. Marital Status	12. Wes Decedent	Ever in U,S.		f Hispenic Origin? (Suban, Mexicen, Puert	pecify Yes or No-		- American Ir	ndien,				
Offer	partition by Indi yidalia 212.13-0020 permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Hygiene. Department of Health and Mentel Hygiene any injury or other traumatic event, the Medical Evaluation matter notified at once.	Fur	1 Never Married 2 Married	Armed Forces?				o Rican, etc.)	Bleck	, White, etc.					
020 urs e		by	3 X Widowed 4 □ Divorced	If Yes, Give Year or Detes:		1 ☐ Yes 2 ☐ N	lo Specify:		Specify:	White	e				
5-0 2 2		Completed	15. Decedent's E	ducetion	16a.	Decedent's Usual Occ	upation	d day or	16b. Kind of Bus	iness/Industr	ry				
21 Thin		ple	(Spacify only highest gra Elementary/Secondery (0-12)	Coilege (1-4or 5	5+)	Decedent's Usual Occ (Giva kind of work dor life. DO NOT use ret	red)	KING							
2 × ×		Con	5	0		Laborer			Clothi	ng - L	adies				
D i		Be (	17. Father's Name (First, Middla, Last,	)			18. Mother's Nan	ne (First, Middle,	Maiden Surnama	)					
ya Suld t		P	William Henry K	ing		t M. Boy	vers								
ar 2 sh			19a. Informant's Name/Reletionship (	Type, Print)	19b	. Malling Address (Stre	at and Number or Ru	ral Route Numbe	er, City or Town, S	Stata, Zip Coo	de)				
and bus			Theodore E. Dun	dus		1508 Greenl									
			20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐	Removal from State	20b. Place of cematar	f Disposition (Nama of ry, cramatory or other p	Dete 20c. Location - City or Town, State								
E a			4 ☐ Donation 5 ☐ Other (Specif			Haven Cemet	tery 2-17	-96 I	Hagersto	wn, Ma	ryland				
Sair			21. Signature of Funeral Service Lice	1800 MA-		22. Name and Add	ress of Facility M	linnich I	Funeral I	Home					
<u> </u>	0 5 8 8		ZCAN	7////	MILLA	415 E. W:	ilson Blvd	. Hager	rstown, l	Md. 21	740				
			23a—Part 1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line.												
	nysician		Onset												
	/Medical Examiner		Immediate Cause (Final disease or condition as the first of the condition as the condition												
_		L	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
þ	Sit	ine													
58/60, tificete be executed	physicien end the buriel-transit	хал													
200 8	lcien	a E	Sequentielly list conditions, if eny, leading to immediate cause. Enter Undertying Ceuse (Disease or Injury C.												
5875U, ficete be ex	phys s the	gic	thet initiated events resulting In death) Last  Due to (or es e consequence of):												
Centil	igned by the attending p be detached for use as	900													
I RECORDS, P.O. BOX The law requires that the death cer	after I	Physiclan/N	Dest II Other circuitions considers	and other days and advent to			attention in the	One Did		hullh and a disa	and death 0				
) g	y the	hys	Part II. Other significant conditions of	ontributing to death b	ut not resulting ir	n the underlying cause	given in Part I.	2			e cause of death?				
T bet	a deti	by P	organic brain	syndre	my,	intentin	I wintreed	9	148 211110	3 FIOOBBI	y 4 Olikilowii				
Hecords, P.O. ne law requires that the	n sig uld blu	Q De						24e. Was	en eutopsy		autopsy findings				
0 8	should b	Completed						рело	rmed?		ole prior to etion of ceuse th?				
E E	page 2	Ę						400	(00 0 0 0 0 0 0						
			25. Was cese referred to medical				OC Diseased Day		(es 2 No	1   10	es 2 No				
	Is certifical director,	o Be	examiner?	Hospital:	ent 2 ER/Ou	Itpatient 3□ DOA	Other:	ath (Chack only o		a (Canaiba)					
o F	r this	<del> </del>	27. Manner of Death	28a. Date of Inju (Month, Da		Fime of 28c. In njury			lence 6 □Other now Injury occurre						
ding of	th. : Afte	tion	1 Natural 5 ☐ Pending 2 ☐ Accident Investigation		y Yaar) i		Vork? ☐ Yes 2 ☐ No								
DIVISION OF VITA	r dea	fica	3 ☐ Suicide 6 ☐ Could not b	200. Place of inj	ury - At home, fa	urm, street, fectory, offic	ю		Straat and Numbe	r or Rurel Ro	oute Number,				
5 5	Direction of in the	Certification:	4 ☐ Homicide	building, ef	City or Town, Stata)										
28 plt	hours inera ly fille		29a. Certifier 1 Certifying Ph	ysician: To the best	of my knowledge	, deeth occurred et the	time, date end plece	, end due to the	ceuse(s) end men	ner as stated	d.				
9 H	n 24 Ne Fu	edical	(Check only 2 Medical Examone)	ninar: On the basis of and manner sta	f exemination an ated.	d/or investigation, in m	y opinion, death occu	rred at the time, o	date and place, ar	nd due to the	cause(s)				
Tot	within 24 hours after death.  To the Funeral Director: After th completaly filled in by the funeral	Σ	29b. Signature end title of certifier			29c. Lice	nse number		29d. Date signed	(Month, Day,	Year)				
			Ryula	$\mathcal{A}$		D3	2518		2.14.	96					
			30. Neme and address of person who	completed ceuse of d	leeth (Item 23e)			1/ .	,	,					
			RS. Guedenet	M.O.	100 60	eeting L	ane, K	eed ysv	ille mo	1					
	Sta	ite	31. Date filed (Month, Pargylear)	/182. Registry	a Signature	/	,	/	,						

96-0571-510

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State of Maryland / Department of Health and Mental Hygiene

05822

							,	Cei	rtificate	of	Death	,	Reg. No.			022	
P	Physici	an	1. Decedent's Nam	e (First, Midd								2. Date of De Month	Day	Yaar		na of Death	
М	/Medic	al	FAYE			TELL			L		VORE	FEBRU.			5:	42P.M.	
	Examir											- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
			UNIVERS	SITY S	HOCK	TRAU	MA UN	IT			BALTIMOR						
	Funerai Director		5. Social Security N 214-16-		6. Sex 1 ☐ M 2		Age (in yrs. les	t birthdey) Yrs.	If Un r 1 Y Months D	ays	If Undar 24 Hrs. Hours Min.	8. Date of Bir (Month, De SEPT 2	th by, Year) 8,1910	9. Birthpi Coun MAR	lace (Si try) YLAN	ete or Foreign	
	<b>D</b> .		Usual Residence of														
	how		10e. State	10b. County	1		10c. City,	Town or Lo	cation					10	Od. insi	de City Limita	
	M T S	to	MARYLAND	WAS	HINGTO	N	H	AGERS	TOWN						1 🗆	Yes 2⊠No	
	1284 1284	5	10e. Street and Nur						10f. Zip Co	da			10g. Citizen of	What Coun	try?		
	With the second	<u> </u>	9206 COOL HOLLOW TERRACE							21	1740		11	S.A.			
	offer death with the Ma	a a		T UOTT				140.1	W. D			7 14 11			an India		
		nu	11. Marital Status		Ar	med Forces		13.	was Decedent If Yes, specify	Cubi	lispanic Orlgin? (Sp an, Mexicen, Puerto	Rican, etc.)	Bla			ın,	
0	of of	F	1 Naver Married 2 Married 1 Yes 2 No							No	Specify:		Specify:				
8	ours	l by	3 ₺ Widowed	4 Divorce		ear or Dates	:					Specify: WHITE					
5-	"natu	ec	(Spec	15. Deceder	nt's Education est grede com	nieted)		16a. Deced	dent's Usual O	ccup	pation during most of work d)	ina	16b. Kind of Business/Industry				
21		اطر	Elementary/Seco		T	oliege (1-4o	r 5+)	life. I	DO NOT use r	etire	d)						
21	77 70 10 10	Completed	10						SEAMS	TR	ESS		CLOTHI	NG MA	NUF.	ACTURER	
	and 2	Be (	17. Father's Name	(First, Middle,	Last)						18. Mother's Nam	e (First, Middle	, Meiden Sumer	ne)			
<u>a</u>	ked b	ToE	WELTY MA	ARTZ							CORA MA	Y SMITH	H				
2	Should No		19a. Informant's Name/Reiationship (Type, Print)  19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code)														
	0 0 0 0		LORRAIN		ΞR						HO ROAD,		DRO, MAR	YLAND	2	1713	
nore	as 1 and 2 of Health a litam 27 is		20a. Method of Disp 1 Burial 2	Cremation		ai from Stat	e cen	natary, crer	natory or othe	r pie	1	Data	20c. Location				
圭	rtan		4 Donation  21. Signature of Fu		^		BOOL		O CEME	_		0/96	BOOM	SBORO	, MA	ARYLAND	
a	appa mpo my l		21. Significant of the	moral survice			NO THE		2. Name and A			7606 O	ld Natio	onal :	Pike	2	
	00240		1 au	1111-K	lan	Paul	M. Dea	an   B	AST FU	VE	RAL HOME		oro, Mai				
-	2500		23a. P. rt1. Enter ti	ha disease, o	r compilcation	s that caus	ad the death.	Do not ent	er the mode o	f dyir	ng, such as cardiac	or respiratory a	rrest,		Approx	dmate	
-8	Physician		SHOCK, OF HEA	in ranule. Lis	Offiny Offie Ceru	ae on each	mie.							1		l Between and Death	
	/Medical		Immediate Cause (	(Final		100 4 2 2 3	4015	- 16	1 110	LIS	-C			1			
	Examiner		disaase or condition resulting in death)	n	a	MUI			VJUR	46	2				_		
		6					Due to (or a	is a consec	quence of):					j			
	ed isit	를			b												
	end Fran	Examiner	Sequentially list co	nditions,			Due to (or a	s a consec	quenca of):								
Ö	e an		Sequentially list confirmed any, leading to imceusa. Enter Under Cause (Disease or	erlying													
376	ysic hab	Medical	that initiated events resulting in death) I	5	C		Due to (or a	s a conseq	uence of):					1			
	uffice ng pt es t	Ped	rodding in doubly i	Lust										I			
XO	ndir use	2			d									i			
m	atte afte	Ca	Death Other death									1				00 2 00 0 0	
0	P.O. Box 68760,  Baltimore, Maryland 21215-0020  permit. Pagas 1 and 2 should be filed within 72 hours efter death with the Maryland permit. Pagas 1 and 2 should be filed within 72 hours efter death with the Maryland permit. Pagas 1 and 2 should be filed within 72 hours efter death with the Maryland permits and permits. Pagas 1 and 2 should be filed within 72 hours efter death with the Maryland permits and perm	Physician/	Part II. Other algnif	icant conditi	ons contributi	ng to death	but not resulti	ng in the ui	nderlying ceus	e gr	en in Part I.	23b. Did	tobacco uae co	tobacco use contribute to the cause of death?			
ď.	ned by	by Ph										1	Yes 2□ No	3 Prot	ably	4 Unknown	
Ď	quira n sig uld b											24a. Was	an autopsy			psy findings	
00	v rec	let										perfe	ormed?	COI	npletion	orior to n of ceuse	
Se Se	has pe 2	Completed													death?		
-	The cate	ပ္ပ										132	Yea 2□No	18	Pes	2□ No	

s certificate has b Division of Vital Rec To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director, to

Be

Certification:

Medical

25. Was cese referred to medical examiner? Hospital: XXYes 2□ No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 2 7/96 27. Manner of Death 28b. Time of 28c. Injury at Work? II: 18 AM 1 Natural 5 Pending 2 Accident 3 ☐ Suicide Investigation 6 Could not be determined 28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicide

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred & TRUCK 1 Yes 2 No COLLISION

28f. Location (Street end Number or Rural Route Number, City or Town, Steta) MILL POINT RD & RT 68 HAGERSTOWN STRUBET

111 Penn Street, Baltimore, Maryland 21201

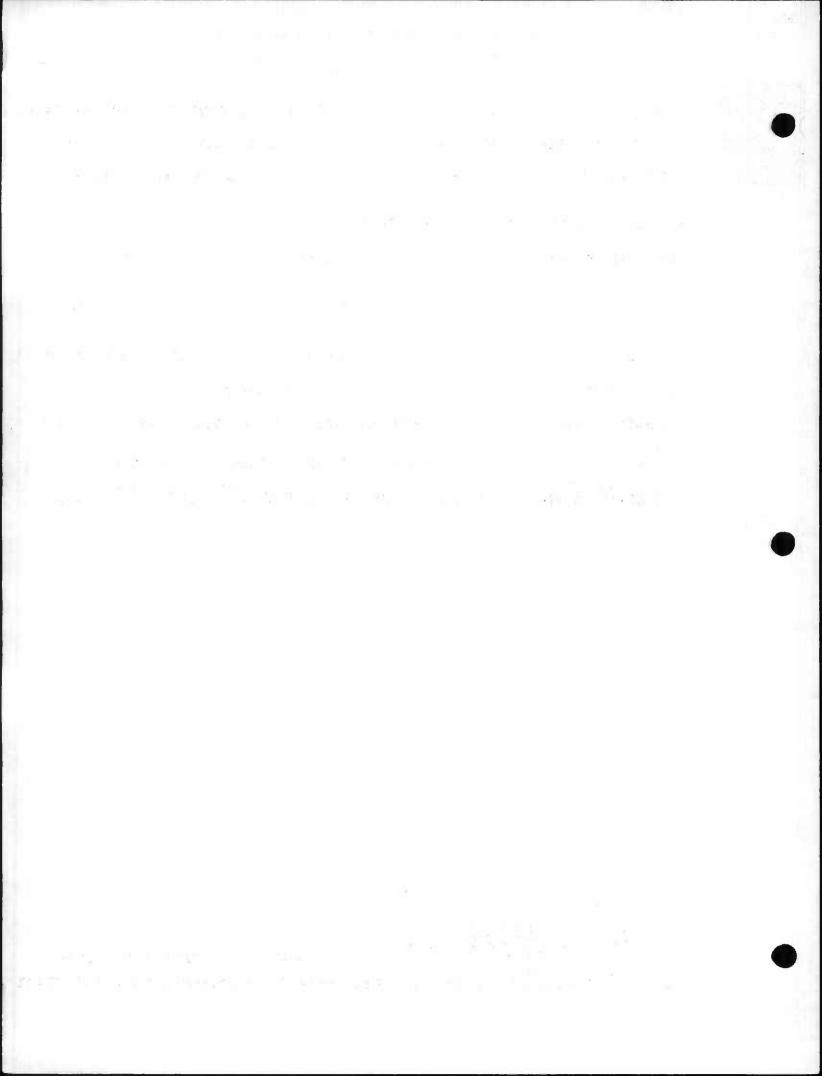
odge, death occurred at the time, date and piace, and due to the cause(s) and manner as atated. on and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the ceuse(s)

1 Certifying Physician: To the best of multiple Certifying Physician: To the basis of examiner: On the basis of examiner and manner at a difference of the certification of the c 29a. Certifier (Check only one) 29d. Date signed (Month, Day, Year) 29c. Licansa number

29b. Signa

O.C.M.E. FEBRUARY 8,1996 23a) (Type, Print)

State Registrar



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					Ce	ertifica	te of	Death		Re	g. No.				
		1. Decedent's Neme (First, Middle,	Last)						2	2. Date of Deat	h		3. Time of Death		
Physician		Forest HUNT' Distrogen								Month Feb	17 1	Year 996	4:20 A:M		
/Medi		4a. Fecility Neme (If not institution,		nber)	DICKES	OH		4b. City, Tow	m, or Loca	Location of Deeth 4c. County of Death			4.20 11.11		
Exami	rier	Physicians Memoria	al Hospital		land hidh da	a If I lod	er 1 Yeer	LaP.	lata	n Charles					
Funeral Director		567-20-5894 Usuel Residence of Decedent	Sex 1☐M 2☐F	7. Age (In yrs. 86	Yrs.	Months			Min.	B. Date of Birth (Month, Day, JAN. 1,		Count	ace (Stete or Foreig ry) GINIA		
ahow	Į.	10a. Stete 10b. County			ity, Town or L							10	od. Inside City Limits		
28a-f	ect.	NONE NONE		WAS	SHINGTO										
23e or 3	al Director	10e. Street and Number 10f. Zip Code 20011										f What Country? STATES			
be filed within 72 hours after death with the Maryland tal Hygiene. d other than "nature!", or items 23s or 28s-f show event, in a Modical Examine, must be not filed at	by Funeral	11. Marital Status  1½ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	Armed For V Yes If Yes, Give	12. Was Decedent Ever in U.S Armed Forces? 比∐ Yes 2 □ No If Yes, Give Year or Detes: 4245		Was Dec if Yes, sp 1  Yes			in? (Speci Puerto Ri	ify Yes or No- can, etc.)		ea - America ck, White, e	etc.		
"naturel",	ted	15. Decedent's			16a. Dece	dent's Us	ual Occu	pation	of modelne	.	16b. Kind of B	usiness/Ind	ustry		
d within 72 ho piene. Ir then "netur	Completed	(Specify only highest (Secondary (0-12)) 12TH GRADE		College (1-4or 5+)		DO NOT	kind of work done during most of working to NOT use retired)  MENGINEER				GOVERNI	MENT			
2 should and Men ie marke eumatic		17. Fether's Name (First, Middle, La	st)					18. Mother's Name (First, Middle, Malden Surneme)							
	To Be	WOODSON DICKESON						MATTI	E DIO	CKESON					
	F	19a. Informant's Name/Relationship	(Type. Print)		19b. Maiii	ing Addre	s (Stree			Route Number,	City or Town	State 7in	Code)		
		MARY A. WINGFIEL				_				ON HILL			20745		
		20a. Method of Disposition 1 ⊠ Bunel 2 □ Cremation 3	☐Removal from S	State	Place of Disponentery, cre	osition (Namatory or	ome of other pie	aca)		Date 2	20c. Location -	City or Tov	wn, State		
permit. Page Department of Important: If any Injury or once.		4 Donation 5 Other (Specify)  ROCK CREEK CEMETERY 2/21/96 WASHINGTON, D.C.  21 Significant of Funeral Service Licensee 22. Name and Address of Fecility													
Depa Impo		THORNTON FUNERAL HOME, P.A. THORNTON FUNERAL HOME, P.A. THORNTON JOINSON MOO583#3439 LIVINGSTON ROAD, INDIAN HEAD, MARYLAND													
requires that the death certificate be executed some signed by the attending physician and hould be detached for use as the burial-transit	Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last	b	Due to (	or as a consecutive or a consecutive or a consecutive or a consecutive or a consecutiv	Me duence of	llill ):					1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
attendin for use	lan		d	d											
hat the de ed by the a detached	Physician	Part II. Other significant conditions	contributing to dea	ath but not res	suiting in the u	underlying	cause gi	ven in Part I.			bacco use co		the cause of death		
	Completed by									24a. Was ar perform	autopsy ned?	eva	re eutopsy findings lieble prior to appletion of cause eath?		
p = 6	mo									1 □ Ye	s 28 No		Yes 2□ No		
certificate	BeC	25. Was case referred to medical	T					26 Place o	of Death /	Check only one	7				
s cert	To B	examiner?	Hospitai:	patient 2	ER/Outpatie	nt 3 🗆 🖸	OA OI	her				or /Conside	1		
5 5		27. Manner of Death 1 Natural 5 Pending	28a. Date of		28b. Time o		28c. Inju Wo	iry at ork?	28	Home 5 Residence 6 Other (Specify)  28d. Describe how Injury occurred					
or Attending after death. Director: After in by the fune	Certification:	2 Accident Investigation M 1 Yes 2 No 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify)								f. Location (Str City or Town	reet and Numb , Stete)	er or Rural	Route Number,		
s aftan	0		place, an	e, and due to the cause(s) and manner as stated.  curred at the time, date and placa, end due to the cause(s)											
24 hours after Provental Directory etaly filled in the		29a. Certifier 1 Certifying (Check only one)	aminer: On the bas	sis of examina	ition and/or in	n occurred vestigatio	n, in <i>m</i> y	opinion, deeth	OCCUITED	at the time, da					
o the Hospital or vithin 24 hours aftar of the Funeral Director of the Funeral	Medical Ce	(Check only 2 Medical Ex	aminer: On the bas	sis of examina	ation and/or in	rvestigatio	n, in <i>m</i> y	se number	OCCUITED		ed. Date signe		the cause(s)		
	edicai	(Check only 2 Medical Ex	aminer: On the bas	sis of examina	tion and/or In	rvestigatio	n, in <i>m</i> y	se number	occurred				the cause(s)		
ourse nospital of y within 24 hours after To the Funeral Direct completely filled in the completely filled in the complete of	edicai	(Check only 2 Medical Ex	o completed cause	sis of examination states of death (Iter	n 23e) (Type,	29, Print)	n, in <i>m</i> y c. Licen D-22	se number		29			the cause(s)		



ding physician. the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR		STATE OF MA				F HEALTH AN		TAL HYGIEN				
1, DECEDENT'S NAME (FIRE LEONA LAMB	ESEDAR D	ERNONCOU	IRT				2. D/	BRUARY	Ĩ7, 1	996	3. TIME OF DEAT	А м
4. SOCIAL SECURITY NUI 391-18-006 98. FACILITY NAME (# not	9	□ M 2 💢 F	75	YRS.		AYS HOURS M	DE DE	C. 27,	1920	WISC(	DNSIN	oreign
	URSING H				LA P	LATA	OF DEATH		9c. COUNTY OF DEATH CHARLES			
MERIDIAN N RESIDENCE OF DE	CHARLE	S	10c. CITY, TOWN OR LOCATION WALDORF								10d. INSIDE CITY LIMITS? 1 YES 2 X	
3662 PINE  11. MARITAL STATUS		CLE				101. ZIP CODE 20602			10g. CIT12 U.S		HAT COUNTRY?	
3 Widowed 4 Di	Married	2. WAS DECEDENT FORCES? 1X IF YES, GIVE WAT WW-2	EVER IN U.S. ARM YES 2 NO R OR DATES	MED	If ye	DECENDENT OF H			s or No-		American indi White, atc.	en,
(Specify of Elementary/Secondary	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY											
12 17. FATHER'S NAME (First,	Middle, Lest)	2	LICE	NSED	PRAC	TICAL NUI		HOSPITA st, Middle, Maiden				
JUSEPH LAM			Luc				-	ETTLER				
198. INFORMANT'S NAME KAREN VAN						ONE CIRCL					20602	
20a. METHOD OF DISPOS	KAREN VAN PETTEN  3662 PINE CONE CIRCLE, WALDORF, MARYLAND 20602  20e, METHOD OF DISPOSITION  (X) Burlel 2   Cremetton 3   Removal from State 4   Donation 8   Other (Specify)   FORT HILL MEM. PARK   FEB. 23, 1996 LYNCHBURG, VIRGINIA											
	BROHAW	rokan	m.	0053	TH	HUNTT D. BOX 1	OF FACILITY FUNER	AL HOME	, INC			
23. PART t. Enter the shock, or iMMEDIATE CAUSE (f disease or condition resulting in death)	haart fallure. Lis Inai	DEHYDRA	TION			e mode of dying,	, auch aa d	cardiac or reap	iratory arre	eat,	Approximinterval B Onset sno	d Death
Sequentially list cond	DUE TO (OR AS A CONSEQUENCE OF):  ALZHEIMER DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										W YEA	RS
Sequentially list condification if sny, lasding to immeasure. Enter UNDERL CAUSE (Disease or in that initiated avants resulting in death) Li	YING c.		DR AS A CONSECU									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1 YES 2 NO									24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		TO
DID TOBACCO	USE CONTRI	BUTE TO CAU	ISE OF DEAT	TH YES	S   NO	D UNCER	RTAIN [	AT NII		1 - YES 2 X NO		
DID TOBACCO  25. WAS CASE REFERRED EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH	1	IOSPITAL:			(Check only		- LE.	-17 - 17 - 17				
1 Ses 2 X NO		28a. DATE OF III	VJURY	28b. TIME	OF 28	c. INJURY AT		Other (Specify) DESCRIBE HOW	INJURY OCC	URED		
t [X Neturel 5 [	Pending Investigation	(Month, Day		INJU	М	WORK?	. 00					
3 Suicide 8 (	Could not be determined	28a. PLACE OF building, at	INJURY — At horito. (Specify)	ne, tarm, st	reet, factory	, offica		LOCATION (Street City or Town, State		or Rural Ro	oute Number,	
(Oneck only						, data and place, an					and manner sa	stated.
29b. SIGNATURE	STALL	) ,	AH	m	Ji-	29c. LICENS					Month, Day, Year)	
						, #207,	WALDO	RF, MAR	YLAND	20	602	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	PHYSICIA
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5	OR
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEP	ARTMENT OF I	HEALTH AND					
	1. DECEDENT'S NAME (First, Middle, Last) Louis Albert Dio					2. DATE OF MONTH	DEATH DAY	YEAR 7:35 4M		
	4. SOCIAL SECURITY NUMBER 213-05-1178	1 🗷 M 2 🗆 F		MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH	B. BIRTHPLACE (State or Foreign Country) ew Hampshire		
OR	Westminster Nurs			9b. CITY, TOWN				Carroll		
JIRECT	10a. STATE 10b. COUNT		10c.					10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER					2115		1 □ YES 2 ⋈ NO EN OF WHAT COUNTRY? United States		
BY FUN	11. MARITAL STATUS  1	MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AF FORCES?  1 YES 2 ✓ I YES 2 ✓ IF YES GIVE WARD OR DATES				RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes				
ETED.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	e completed)	(Give kind life. Do NO	of work done during me T use retired.)	ON ost of working	16b. KII	12.24			
OMPL	9 17. FATHER'S NAME (First, Middle, Last)		worke	r	18. MOTHER'S NA	ME (First, Midd		n Marrietta		
101	William Henry Di	.on	19b. MAIL	NG AODRESS (Street		Jose	phine Teu			
1	Rick Harmon		741 0	ld Westmi	nster Pi	ke, We	stminster	, MD 21157		
	4 Donation 6 Other (Specify)		PLACE AND DA	r's Churc	h Cemete	ry	W	estminster, MD		
	* Kacherine Pr	ids - Swith	C	41	.2 Washing	ton Rd	., Westmin	ster, MD 21157		
	23. PART i. Entar tha diseases, or	complications that caused List only one ceuee on es	the daeth. Dench line.	ull	de of dying, auc	h ea cardiec	or reapiretory arre-	et, Approximete interval Between Onset and Death		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	Ange	nn	wester	is			10 cg		
MEDICAL C	PART ii. Other significant condition	na contributing to death be	ut not resultin	g in the underlyin	g cause given in		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				UNCERTAIN	1 🗆				
HYSIC	1 YES 2 NO  27. MANNER OF DEATH			1			- //	000		
BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆	PRK? YES 2 NO					
ᇤ	4 Homicide determined	building, atc. (Speci	ify)	n, street, rectory, orne		City or To	N (Street and Number or wn, State)	Rural Route Number,		
OMPL	(Check only   CERTIFYING PHYS									
BE	SHOW THE AND THE OF CERTIFIE	1			DOSY 9	IBER 3		BIGNED (Month, Day, Year)		
Ţ	LASS POOL	O COMPLETED QUISE OF DEA	TH (ITEM 27) (Ty	lshim	ich	m	1 211	57		
	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)  LOUIS Albert Dio 4. SOCIAL SECURITY NUMBER 213-05-1178  9e. FACILITY NAME (If not Institution, give is Westminster Nurs RESIDENCE OF DECEDENT  10e. STATE 10e. COUNT Maryland Carr  10e. STREET AND NUMBER  721 Old Westmins  11. MARITAL STATUS 11. Mever Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  9  17. FATHER'S NAME (First, Middle, Lest) William Henry Di 19a. INFORMANT'S NAME (TyperPrint) Rick Harmon  20a, METHOD OF DISPOSITION 1, Burlal 2 Cremation 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIT  MARDIATE CAUSE (Final diseases, or abock, or heert failure.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  NOTE TO THE CAUSE (Pinal disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate acuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  NOTE TO THE CAUSE (Pinal disease or condition resulting in death)  DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Nother significant condition investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER 1 CERTIFYING PHYSICAL EXAMINER 29b. BIGNATURE AND TILE OF CERTIFIER (Check only 2 MEDICAL EXAMINE  29a. CERTIFIER 1 CERTIFYING PHYSICAL EXAMINE  29b. BIGNATURE AND TILE OF CERTIFIER (Check only 2 MEDICAL EXAMINE  29c. CERTIFIER 1 MEDICAL EXAMINE  29c. CERTIFIER 1 MEDICAL EXAMINE	STATE   COURTY NAME (First, Middle, Leat)   Louis Albert Dion	STATE   STATE   CERTIFICATION   CERTIFICATIO	STATE   STATE   CERTIFICATE OF	1. STATE   CERTIFICATE OF DEATH   CHARLES AND CERTIFICATE OF DEATH   COMMING   COMMING   CERTIFICATE OF DEATH   COMMING   COMM	TO DECIDENT'S NAME (Pist, Model, Las)  LOCIS Albert Dion  4. SOCIAL SECURITY NAMER 2. SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC	STATE   STAT		

32. REGISTRAR'S SIGNATURE

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	1. D	REGISTRAR DECEDENT'S NAME (First, I	Middle Last)		_		OAIL O	F DEATH	2. DATE C	REG. NO			2 7440 00	05 4711
		AMES		DUNED			т	TIT ON	MONTH	D	AY	YEAR	3. TIME OF	
1		SOCIAL SECURITY NUMBE	B GA	RDNER_ 5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEA	OTLLON  AR IF UNDER 24 HRS			20,	1996	2:05	
	7	16-18-376	34	1 J/M 2 F	99	YRS.	MONTHS DAY		(Month,	Day, Year)	inc	Counti	ennsy	
		FACILITY NAME (If not inst		treet and number)	_ 00		9b. CITY, TOW	VN OR LOCATION OF		.20,		INTY OF D		Ivai
CTOR	Av	alon Manor	Home	, Inc.			Hagers	stown			Was	hing	ton	
5		SIDENCE OF DECI	10b. COUNTY				Y. TOWN OR LO				11143	ning		
DIRE		aryland		, hingtor	1		agers						10d. INSIDE	CITY
		STREET AND NUMBER					dgoro	101. ZIP CODE			10a C17	TIZEN OF V	WHAT COUNTE	
FUNERAL	9	31 Securi	tv B	nad				21742			log. Cit	U.S.		***
S	11. 1	MARITAL STATUS		12. WAS DECEDE			13. WAS I	DECENDENT OF HISE	ANIC ORIGIN?	(Specify Yes	or No-	1	E — American	indien.
	THE STATE OF THE S	Never Married 2 X N		FORCES? IF YES, GIVE	1 VES	2 NO	If yes,	yes 2 XiO Spe	ican, Puerio Ri			Black	k, White, atc.	
84	3 [	Widowed 4 Divorc	ced		WW	I							"Whit	е
윤		15. DECE (Specify only	DENT'S EDU highest grade	CATION completed)	1	6a. DECEDENT'S (Give kind of	vork done during	ATION 7 most of working	16b. I	KIND OF BU	SINESS/IN	DUSTRY		
L H		Elementary/Secondary (0-1	12)	College (1-4 or 5	+)	Ille. Do NOT us				D		1		
COMPLET	17. (	FATHER'S NAME (First, Mid	felle ( ast)			CO	nduct	18. MOTHER'S		Rail		]		
E C		Isaac	,,		n	illon		Jenn		odie, Maiden	Surname)	_	luke	
00	19e.	. INFORMANT'S NAME (Typ.	pe/Print)				ADDRESS (Stre	eet and Number or Run		r City or Tow	n State Zi		TOKE	
2	E	. Louise	Dill	on		SOUTH HONE		ity Roa					d 21	742
	20a	. METHOO OF OISPOSITIO	ON		20b. Pi	LACE AND DATE	OF DISPOSITION	(Name of		20c. LO				7 12
		Burial 2 Cremation Donation 5 Other (		oval from State	Dry	ery, crematory or o	her place)	0'	2 22 0	C 11			nnovil	vani
	21.					11	CIIIC CCT	y U	4-43-5	pl Moo	abur	V . P. 6	SILIPAT	
	19	SIGNATURE OF FUNERAL		-		11222	22. NAME	E AND ADDRESS OF						Varia
		▶ R. Ko		-		11222	22. NAME Andr	ew K. Co	facility ffman l	Funera	al Ho	ome,	Inc.	
_	23.	· R. ho	el 1	Brady	<b>-</b>		Andr 40 E	ew K. Cot Antieta	FACHUTY Efman   am Stre	Funera	al Ho	ome,	Inc.	21
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

33 W

32 REGISTRAR'S SIGNATURE!

MILL ST

DATA

VASANT I 31. DATE FILEO (MONTH, Day, Year) FEB 2 2 1996

MAGERSTOWN MO

MORE, MARYLAND 21215-0020

BALLIMORE, MARYLAND 21215-0020	'Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
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	FOR STATE REGISTRAR	STATE OF MA				HEALTH AN	D MEI	NTAL HYGIEN	E		
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œ	99. FACILITY NAME (If not institution, g		OSPITA			OR LOCATION O	F DEATN		9c. COU	NTY OF D	EATH
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BE COM	17. FATNER'S NAME (First, Middle, Last ROSS Willia							First, Middle, Maiden	Surneme)		
10	190. INFORMANT'S NAME (Type/Print) William H. Dix	on						Number, City or Town			5
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	21. SIGNATURE OF FUNDRAL SERVICE	LICENSEE	) Ceu	ar IIII	6633	NO ADDRESS O	F FACILITY	Lee Fur der Ferry			
	23. PART   Entar the diseases, shock, or heert falls   IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that ire. List only one cause	coused the de e on each line	aeth. Do not	ventar tha m	Alexa	such a	Cardiac or reepl	ratory ar	rreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	E. DUE TO (C	OR AS A CONSE	OUENCE OF):	)						yrs
PHYSICIAN: MEDICAL C	DID TOBACCO USE CO	Umont	+		the underlyl			PERFOR		248	MERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF DEATN	(Check only on	-	IAIN				
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COMPLET	anal	NYSICIAN: To the best of m MINER: On the basis of exa									s) end manner ee stated.
8	29h. SIGNATURE OF CERT	TUFIER				29c. LiCalus	79	437	29d. DA	TE SIGNE	(Month, 196
5	30. NAME AND ADDRESS OF PERSON	h (ayan)	h SD	EM 27) (Type, P	rint)	on H	U	Nd flow	10	Xan	HII MD
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State of Maryland / Department of Health and Mental Hygiene

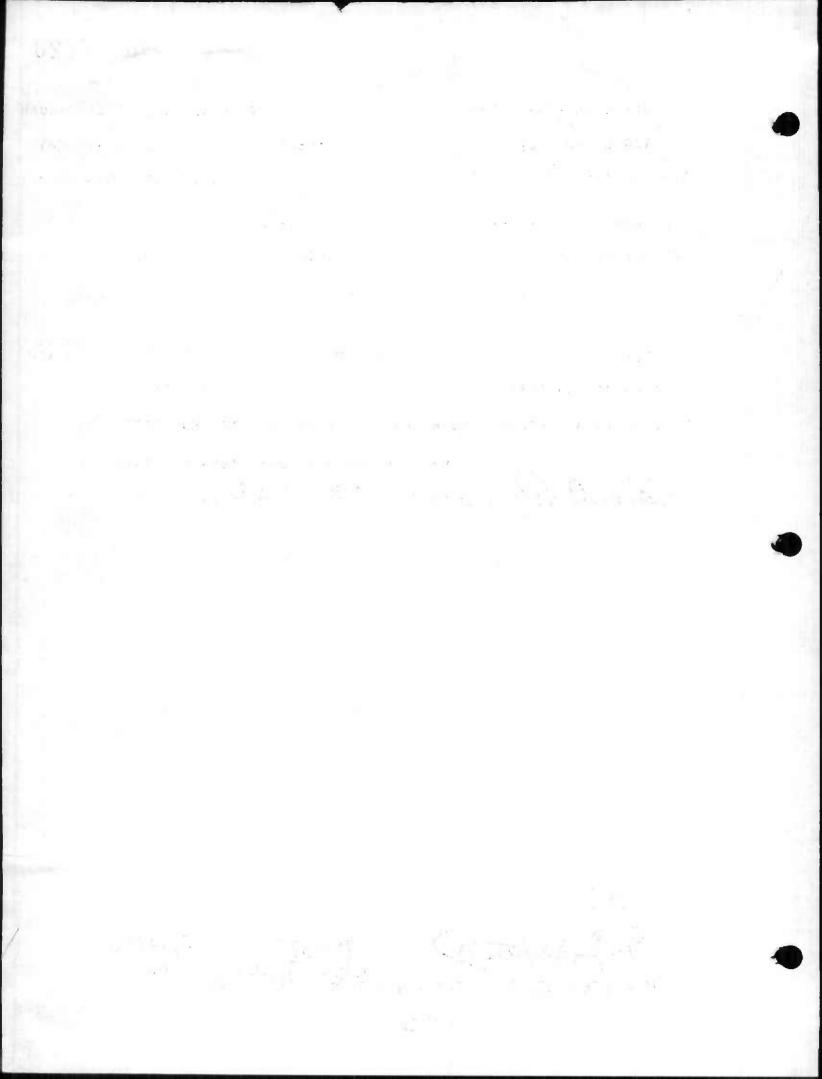
Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death 3. Time of Death Dey **Physician** Brian Charles Daley 11, February 1996 02:00 AM /Medical 4a. Facility Name (If not institution, giva straat and numbar) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 169 Severn Way Anne Arundel Arnold 5. Social Security Number If Under 1 Yeer | if Under 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplece (Stata or Foreign Country) **Funeral** Hours **X**□M 2□ F Months Days Yrs. Director 158-38-6175 48 Dec. 22, 1947 New Jersey Usual Rasidanca of Dacedant the Maryland 10a. State 10b. County 10c. City, Town or Location 10d Inside City Limits parm. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", or items 23a or 23a-f show any injury or other treumatic event, fre Marylas Examiner must be notified and 28a-f show 1 ☐ Yas 2 ☐ No Directo Maryland Anne Arundel Arnold 10e. Street and Number 10f. Zlp Coda 10g, Citizan of What Country? 169 Severn Way 21012 U.S.A. Funeral 14. Race - American Indian, Bleck, Whita, atc. 12. Was Decedant Evar In U.S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. Marital Status 1 X Navar Merried 2 ☐ Married 1 ⊠ Yas 2 □ No If Yas, Giva Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant'a Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Science Elementary/Secondary (0-12) Coilega (1-4or 5+) 12+ Writer Novelist Fiction 17. Fathar's Nama (First, Middla, Last) 18. Mothar'a Nama (First, Middla, Maidan Sumeme) Be Charles Joseph Daley P Myra Daley 19a. Informent's Neme/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mrs. Lucia St. Clair Robson 169 Severn Way Arnold, MD21012 20b. Placa of Disposition (Nama of cemetary, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Deta 1 ☐ Burial 2 🕅 Crametion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 2-12-1996 Baltimore, MD Metro Crematory 21. Signature ST uneral Service <sup>22.</sup>Nama and Addrass of Fecility Barranco & Sons Funeral Home 495 Ritchie Hwy. Severna Park, MD 21146 Enter the disease, or complicated or heart feilure. List only one ca cations thet caused the deeth. Do not entar the mode of dying, such as cardiec or respiretory errest, a causa on each lina. Approximete intarval Betw Onset and Death **Physician** medium Causa (Finai learn or condition rolling in daeth) /Medical 7 MONTHS Examiner Dua to (or as a consequence of). Examiner The law requires that the death certificate be executed physician and the burial-transit Sequentially list conditions, if eny, leading to immadiata cause. Enter Underlying Cause (Diseese or Injury that Initiated avants rasulting in death) Lest Dua to (or es a consequança of): Box 68760, Physician/Medical Due to (or es e consequence of): 980 signed by the a d be detached f Part II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was en autopsy performed? Completed No certificata or Attending Physician: director. Be 25. Was case raterred to medical exeminer 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 2 5 Rasidanca 6 Othar (Specify) 1 ☐ Yas 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 28d. Describe how Injury occurred funeral 27 Manner of Deeth 28a. Data of injury (Month, Day Year) 28h Time of 28c. Injury at Work? after death. Certification: 1 Natural
2 Accident 5 Pending 1 ☐ Yas 2 ☐ No investigation 6 Could not be datamined 3 Suicida Location (Streat and Number or Rurel Route Number, City or Town, Stata) 24 hours aftar de • Funeral Directo letely filled in by the 28a. Piaca of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida Certifying Physician: To tha best of my knowledga, deeth occurred at tha tima, deta and plece, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the tima, deta and place, and due to the cause(s) and mannar stated. 29e, Cartifiai Medical Vithin 2 To the I 29b. Signeture and titia dicertifiar 29c. License number 29d. Daje signed (Month, Day, Year) 96 029373 ted cause of Geeth (Itam 23a) (Type, Print) ERIC J. SETFTER 30. Neme end addrass of who comp SUITE 200 LUTHERVILLE, MD 32. Registrer's Signatura 31. Dete filed (Month, Day, Year) State

Registrar

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the brownia or attending observed.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC				GIENE		
	1. DECEDENT'S NAME (First, Middle, Last)	DICK	ENS			2. DATE OF DEA	17 P	196	TIME OF DEATH  5:20A M
	4. SOCIAL SECURITY NUMBER  245-64-9814  90. FACILITY NAME (If not institution, give an	1   M 2   F	83 YRS.	UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF D	7. DATE OF BIRT (Month, Day, Y Aug. 20	1912	Country)	combe N.(
TOR	Medlantic Manor at Layhill Silver Spring Montg								
DIRECTOR	MD Montg	jome ry		ver Sp					d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	2601 Bel Pre Roa	d		101	20906		10g. CITIZI	USA	T COUNTRY?
B	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 3 Wildowed 4 Diverged IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:					14. RACE — Block, W Specify: Blac			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed)  Cotlege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo etired.)	N at of working	16b. KIND (	OF BUSINESS/INDU		
ŏ Ö	17. FATHER'S NAME (First, Middle, Lest)		Hous	ewife	16. MOTHER'S NA	ME (First, Middle, A		MIC	
BE (	Robert Bullock					e Willia			
2	190. INFORMANT'S NAME (Type/Print) Barbara J. Magwoo	d					or Town, State, Zip o		2
	20e. METHOD OF DISPOSITION  1	vel from State 20b. F	PLACE AND DATE OF Starry, cremetory or other	DISPOSITION (Na Diace) Ceme te	me of		oc. location — ci Rocky Mi		
	21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I (E) for the diseases, or c	ENSEE		Marsh	ADDRESS OF FA	neral Ho	ome		
CERTIFICATION	Shock, or heart failure. I	DUE TO (OR AS A C	ch line.						Approximata Interval Between Onset and Death Minutes  Years
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions  HYPERTENS  Chronic ChsT  DID TOBACCO USE C	RUCTIVE !	Pulmon	ARY L		P	AS AN AUTOPSY ERFORMED? YES 2. NO	CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF OEATH (C	eck only one)			
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpat	28b, TIME O			6 Other (Special	y) HOW INJURY OCCL	IBEO	
ВУР	V Natural 5 Pending Investigation	(Month, Day, Year)	INJUR	y wo	RK? ES 2 NO				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specifi	- At home, farm, stre	et, fectory, offic		28f. LOCATION ( City or Town,	Street end Number o Stele)	r Rural Route	e Number,
COMPLET		CIAN: To the best of my knowled:  On the basis of examination							d manner ee stated.
B	296. SIDNATUS AND TITLE OF CENTIFIER	-ol	an		29c. LICENSE NU	MBER 7	29d. DATE	SIGNED (No	onth, Day, Year)
2	K. T. BENAC				Rd, K	Rockvill	le ma	1 20	852
	31. DATE FILED (Month, Day, Year) FFB 13 1996	32 AEGISTRAR'S SIGNAT	Robble		<i>J</i>		7		1

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State of Maryland / Department of Health and Mental Hygiene 96 05830

						Cei	rtificate	e of	Death		Re	g. No.			
	Division		1. Decedent's Nema (First, Middle,	Last)							2. Data of Deat Month	_	Yaar	3. Tir	me of Deeth
	Physic /Medi		Raymond W	arren	Dav	7is				1	Feb.		996	12	2:27 pm
	Exami		4e. Facility Nama (If not institution,	giva street and num	ber)				4b. City, Tow	n, or Loc	ation of Deeth	4c. Cour	ty of Deeth	_	
			Washington Adve	ntist Hos	pital				Takom				tgome	,	
	Funeral Director		578-03-1437	. Sex 7 1 □ M 2 □ F	. Aga (In yrs. las 75	Yrs.	If Under Months	1 Yaar Days	If Undar 2	Min.	8. Dete of Birth (Month, Dey, 1ay 8,	Year) L 9 2 0	9. Birth Cou Wash	plece (S ntry) ingt	on, D.(
	and *		Usual Residence of Decedant  10e. State 10b. County		10c. City,	Town or Lo	cation							10d Inci	de City Limits
	Sa-f aho	ector	Maryland Prince	e George'			Нуа		ville					10	Yas 2 No
	23a or 2	Funeral Director	10e. Street and Number 2224 Charleston	Place			10f. Zip	Coda 207	783		10	0g. Citizen a U •	f What Cou S . A .	ntry?	
	Jwithin 72 hours effer death with the Maryland idene. Than "natural", or flems 23a or 28a-f ahow than "natural" camber must be notified at	by	11. Marital Status 1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Ford	! □ No		Was Deced If Yes, spec			n? (Spec Puarto P	cify Yas or No- lican, etc.)		ece - Ameri lack, Whita, hify: W		
	72 ho	ted	15. Decedent's (Specify only highest	Education	i	16a. Deced	dent's Usue	l Occup	pation	of workin		16b. Klnd of	Business/ir	ndustry	
	iene.	Completed	Elementery/Secondary (0-12)	College (1-	4or 5+)		Salesi		during most od)	JI WOIKIII		Retai	1 Clo	thin	g
	be filed that the document of other than the than the than the than the the than the the the the the the the the the the	Bec	17. Father's Neme (First, Middle, La	st)					18. Mother	s Na <i>m</i> e	(First, Middle, A	leiden Sum	ema)		
	should be nd Mentel marked c	TOE	Frank Bond Davi	S					Mar	у На	nnah Da	vies			
	es 1 and 2 should be fi of Health end Mentel F I item 27 Is marked out r other traumatic ever		19a. Informant's Neme/Raletionship Berthelene Davis								Route Number, Hyatts	-			3
	Pages 1 and nent of Healers Inc. If Item ury or other		20e. Method of Disposition 1   Bunel 2 □ Cramation 3 4 □ Donetion 5 □ Other (Spe		сеп	atery, crar	sition (Nem metory or of in s C	her pla	ce) tery 2	/13/		20c. Location			
	permit. Pages Department of important: If it any Injury or once.		21. Signature of Funeral Service Lik	The P	0	Fr	ancis	Ga			Funera e, Hyat				781
	_		23a. Part1. Enter the disaase, or co shock, or heert feilure. List on	mplications that car	usad the death.								re, m		ximata
	Medical personned be executed effected in effection and for use es the prijel-transit	n/Medical Examiner	Immediate Causa (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last	c. Cardia	Due to (or a	ery Di	isease	2							
	deeth he etten ed for u	cia	Pert II. Other significant conditions	contributing to dea	th but not resulti	na in the u	nderlying ce	use ab	ven in Pert I		23h Did to	haceo uga r	ontribute t	to the cr	use of death?
	mat me ed by th detech	y Physician	, or moving and or market	- Contributing to doa	ar but not results	ng in the u	ndonying or	iuse gi	VOIT IIT P OIL I.			s 2 No			XXUnknowr
	lew requires les been sign 2 should be	Completed by									24a. Was an		8/	vailebla p	opsy findings prior to n of ceuse
	0 - 0	PO.									1 □ Ye	s 2 No	1	□Yes	2 No
		Be (	25. Was case referred to madical examiner?						26. Place of	of Death	(Check only on	е)			
	G io	10	1 ☐ Yes 2 No	Hospital: 1 🗆 In	patient 2 EF	3/Outpatien	nt 3 DO	A Ot	her: 4 🗆 Nurs	Ing Hom	e 5 Reside	nce 6 🗆 C	ther (Speci	fy)	
	After fune	ertification:	27. Mennar of Death 1 ☑Naturel 5 ☐ Pending 2 ☐ Accident investigat	ion	Injury 28 Dey Yeer)	Bb, Time of Injury	f 28	Bc. Inju Wo 1 □	ry et rk? ∣Yes 2 □ N		8d. Describe ho	w injury occ	urred		
	= 5 et 6	O	3 Suicide 6 Could not determine	building	f Injury - At home g, etc. (Specify)						8f. Location (St. City or Town	, Stete)			Number,
	in 24 hours he Funeral pletely filled	edical	29a. Certifier 1X Certifying 1 (Check only one) 1 Medical Ex	Phyeician: To the b aminer: On the bas and manne	is of examination	edge, death n end/or inv	occurred a vestigation,	it the ti	me, date end opinion, death	plece, er occurre	nd due to the ce d at the time, de	use(s) end rate and plece	menner es s e, end due t	teted. the ce	use(s)
1	within 2 To the	×	29b. Signeture and title of certifier		0		29c.	Licans	sa number		25	9d. Date sign	ned (Month,	Dey, Yo	er)
	7			c DCeo	Oleo,	201/7		041	119		F	ebruar	y 8,	1996	5
1	IlVa		30. Name end eddress of person wh						# 1.03	D	-1177	140	00050		
	Sta	ite	Daya S. Sharma, 31. Dete filad (Month, Dey, Yeer)		50 W. Ed		LOIL D		1/401	· KO	ckville	, MID	20852	L	-

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TITLE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	Cremo	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR William DONAHUE February 9 1996 Edward 11:00 7. DATE OF BIRTH (Month, Day, Year) April 18,1925 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) 8. BIRTHPLACE (State or Foreig IF UNDER 1 YEAR IF UNDER 24 HRS. 70 200-14-7517 1 X M 2 - F Pennsylvania 9a. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF OEATH 9b. CITY, TOWN OR LOCATION OF OFATH Doctor's Community Hospital Lanham Prince George's DIRECTOR RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Prince George's Greenbelt 1 X YES 2 NO FUNERAL 10a, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20770 14-F Ridge Road U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or Not Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify BY 3 Widowed 4 Divorced White World War II COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5+) United States Music Programmer 1.5 Park Service 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Patrick Joseph Donahue Katherine Clara Meyer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zlp Code) 14-F Ridge Road, Greenbelt, Maryland 20770 2 Alice B. Donahue 20a METHOD OF DISPOSITION 1 X Burlai 2 ☐ Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 N Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) MD Veteran's Cemetery 2/15/1996 Cheltenham, MD 21. SIGNATURE OF TUNERAL SERVICE VICENTE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781 My 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line IMMEDIATE CAUSE (Finsi Onset and Death disesse or condition\_ Acute Respiratory Failure resulting in desth) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING stive CAUSE (Disesse or injury that initiated eventa resulting in desth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2/ NO OF DEATH? 1 YES 2 NO DID TORACCO LICE CONTRIBUTE TO CALICE OF DEATH PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)							
1 VES 2 NO	OSPITAL: Inputlant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Recidence 6 Other (Specify)							
77. MANNER OF DEATH 1 Natural 5 Pending Investigation	2ae. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? t YES 2 NO	2ad. DEŞCRIBE HOW INJURY OCCURED				
3 Suicida 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, term, atreet, fac	ctory, office	2at. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

2 🚂 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and man

291 SIGNATURE AND TITLE OF CENTIFIED MO	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	DIEUIS	7 2 -10 -16

Steinber 6492 Landover Rd Landover Md 20785 31. DATE FILED (Month, Day, Year) Telia Mudier

Year)

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State of Maryland / Department of Health and Mental Hygiene 9 6 0 5 8 3 2

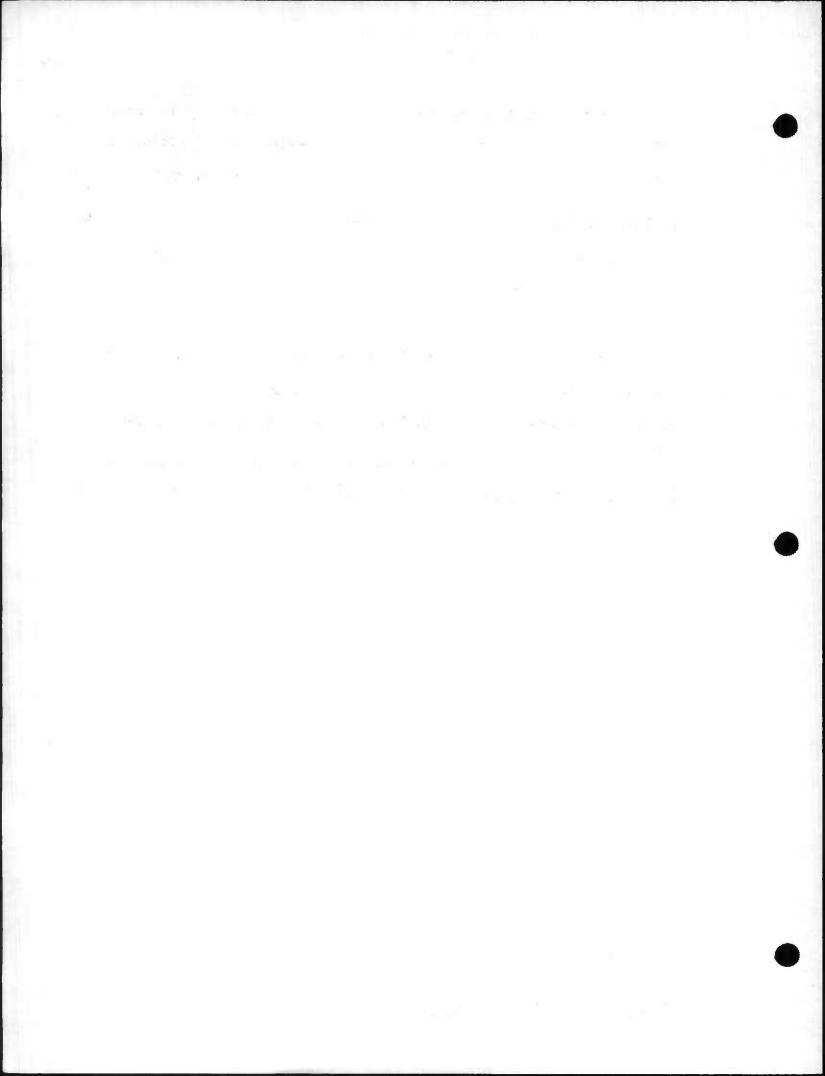
					Ce	rtificate o	f Death	Re	g. No.				
Г	Physic	ion	1. Decedent's Neme (First, Middle, Las		VI C			2. Dete of Deeth Month	Dey Ye		Time of Death		
	Physic /Medi		Dorot	1./	V1>			2	5 96		11-30 An		
	Exami		4e. Fecility Neme (If not institution, give				4b. City, Town, or i	ocation of Deeth	4c. County of D	eath			
_			Presidential Wo				Adelp		Prince				
	Funeral Director		5. Sociel Security Number 6. Security Number 6. Security Number 11 Sec	7. Age (In yr	s. lest birthday) Yrs.	Months Dey		8. Dete of Birth (Month, Dey, 2 / 9 / 2 4		Birthplece Country)	(State or Foreign		
	Mend Mend		10e. Stete 10b. County	10c. 0	City, Town or Lo	ocation				10d. In	nside City Limits		
	with the Marylend a or 28a-f show be notified at	to	Md. P.	.G.	Hyatts	sville				18	Yes 2 No		
	or 28	rec	10e. Street and Number			10f. Zip Code		10	g. Citizen of Whet	Country?			
	23a	a	1001 Chillum F	Rd. # 411		20	782		U.S.A.				
	or items	by Funeral Director	11. Maritel Stetus  1 Never Merried 2 Married  3 XWidowed 4 Divorced	12. Wes Decedent Ever In Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:		Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☑ No	Hispenic Origin? (S ben, Mexicen, Puert Specify:	pecify Yes or No- p Rican, etc.)	14. Rece - A Bleck, W Specify:	merican Ind hite, etc.			
20000	natur	Completed	15. Decedent's Ed (Specify only highest grad	ucation	16e. Dece	dent's Usuel Occ	upetion	king 1	6b. Kind of Busine	ss/industry			
i		nple	Elementery/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use reti	e during most of wor red)	Any					
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	Mer Mer	1º	Walter Gra	-			-	Worrell					
3	d 2 sl th and 7 is n		19e. Informent's Neme/Reletionship (7				et end Number or Ru		City or Town, Sts	e, Zip Code	a)		
	Heal Heal		Juanita E. Gray 20a. Method of Disposition		Place of Dispo	osition (Name of	10 abov		Oc. Location - City	or Town S	State		
Sale III	nt of nt of t: M lb		12 Buriel 2 ☐ Cremetion 3 ☐	Removel from State	cemetery, cres	metory or other p	1						
	poemit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other treumatic event, tra Me once.		4 ☐ Donetion 5 ☐ Other (Specify)  21. Signeture of Funeral Service License			coln Co			rentwoo	d, M	d.		
}	permit. Departri		23a. Part1. Enter the disease, or comp	L. Bratt	- 4	H.S.Wa	ress of Fecility shington rroughs	& Sons Ave.,N.	,Inc. E. 2001	0			
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00100	icate be executed physician and s the buriel-transit	al E	reny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thef Initiated events	c		210 mg K							
20 00	n certificate anding phy use as the	/Medical	resulting in death) Last	d	Due to (or es e consequence of):								
2	eath ce ettendii for use	Physician/	Dark II. Other at a 1811 and a 18							1			
	that the death had by the etter detached for u	ıysi	Pert II. Other significant conditions co			inderlying ceuse of	given in Pert I.		acco use contrib				
	es that igned b	by Pi	ENO STA	GE REMA	LD	1S EASE		1 L Ys	2 □ No 3 □	Propably	4 ☐ Unknown		
50000	require peen s	Completed b						24a. Wes en perform		avsiisble	utopsy findings e prior to ion of cause		
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	icien: The certificate rector, pag	Bec	25. Was case referred to medical				26. Place of Dee	th (Check only one			2010		
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	ding Ph th. After th funeral		27. Menner of Death 1 ☐ Naturei 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time or	f 28c. Inj		28d. Describe how		, , , ,			
	Attending or death. ector: After by the fune	atic	2 ☐ Accident investigation		,		Tyes 2 No						
	al or Attans s efter deat il Director: ed in by the	Certification:	3 Suicide 8 Could not be 4 Homicide determined	28e. Plece of Injury - At building, etc. (Spec	home, ferm, str sify)	reet, fectory, office	Ð	28f. Location (Stre City or Town,	et and Number of State)	Rural Rou	te Number,		
	To the Hospital or Attending Ph within E4 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	edical (	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami	sicisn: To the best of my kr ner: On the basis of examination and menner steted.	owledge, deeth etion end/or in	h occurred et the vestigation, in my	time, dete and piece opinion, deeth occu	and due to the ceu red at the time, det	ise(s) end manne e end plece, end	r as steted. due to the c	euse(s)		
	vithin To the	₩ W	29b. Signature and titlered certifier	)		29c. Licer	nse number	296	d. Dete signed (M	onth, Dey,	Year)		
			> Vimoria			b 3	33942 Hanos		2/5/9	6			
			30. Nerrie end eddress of perion who ca	ompleted cause of death (Its	m 23e) (Tyne	Print)			1.1				
			D	66 AL M.D		253 A	Hamas	er Panie	wen	6xc	enhall		
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Registrar's Sign		-, 5 1.		_ , 1-0/0	-	M	0 20170		
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State of Maryland / Department of Health and Mental Hygiene 96

						(	Certific	cate of	Death			Reg. N	0.			
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	Director		231-24-6957		68		3.				July 14	, 1	921	Virg	ınıa	
	p ' 3		Usual Residence of Decedent  10a. State 10b. County		1	0c. City, Town	or Location							1	Od. Inside City Limits	
	aho aho	2	100			oo. Ony, Town									th Yas 2 No	
	M P P	ctc	Maryland Washi	ngton			Hage	erstown	n						17 180 Z 110	
	# 62	Director	10e. Street and Number				10	. Zip Code				10g. Citizen of What Country?				
	th w 23s		1073 Bramly Drive	е				2:	1742			Ţ	USA			
	72 hours after death with the Maryland natural, or items 23s or 28s-f show steal Examiner must be notified at	Funeral	11. Marital Status	12. Was Dec Armed F		ar in U,S.	13. Was D	ecedant of h specify Cubi	lispanic Or	lgin? (Sp	ecify Yas or No	-		ce - Amaric		
0	after or it		1 ☐ Nevar Married 2 ☑ Married		2 □ No iva			s 2 X No			riioari, ato.;				atc.	
02	Sur Ja	by	3 Widowed 4 Divorced	Yaar or E	Datas:		I LI Y	is ZLZINO	Specify:				Specif	V: Wh	nite	
9	2 ho	Completed	15. Decedant's I	Education		16a. C	acedant's	Usual Occup	ation			16b.	Kind of B	usin <b>ass/I</b> n	dustry	
2	21215-0020  within 72 hours after death with the Marylan isne. Than "natural", or items 23a or 28a-f show the Medical Examinet must be notified at	pie	(Specify only highast gi Elementary/Secondery (0-12)		(1-4or 5+)		ifa. DO NO	f work dona OT usa ratire	during mos d)	it or work	ing					
21	77 50 60	ПО	Elementary/obsortably (5 12)	2	(1 401 01)	too	1 & d	ye eng	ineer			ma	nufa	cturi	ing	
D	e filed withing all Hygiene. I other than vent, the M	Be C	17. Fathar's Nama (First, Middla, Las	it)							a (First, Middla,	Maida	n Sumar	na)		
a	d by	To B	Augustus Hill	Edmond	S				Fr	ance	S	Br	own			
2	2 should be filed v and Mental Hygie is marked other t aumatic event, in	-	19a. Informant's Name/Ralationship			19b. I	Aeiling Add	trass /Street						State Zir	Code)	
Maryland 21215-0020	2 2 2		Eunice K. Edmo				19b. Mailing Addrass (Street and Number 1073 Bramly Drive H								21742	
	Pages 1 and 2 should be filed ment of Health and Mental Hygant: if them 27 is marked othe lary or other traumatic event,		20a. Mathod of Disposition	1100		20b. Place of D					Data				own Stata	
	T M H		1 Burial 2 Cramation 3	1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify)					ce)		501		20c. Location - City or Town, Stata			
Ë	the tant				(61)	Prairi				4	2/16	ETK	hart	, Inc	1.	
39	permit. Pages Department of Important: If It any Injury or once.		21. Signature of Funeral Service Lice	nsee	. 0		Gera Gera	and Addra	ss of Facili Minni	ch	305 N.	Po	toma	c St	reet	
_	20 = e d	_	Derold 1.01	unnu	ON.			ral Ho			Hagers	stow	m. N	Maryla	and	
-			23a. Part1. Enter the disease, or cor	mplications that	ceusad th	a daath. Do no	enter the	mode of dylr	ng, such as	cerdiac				1	Approximete Interval Batween	
	Physician		23a. Part1. Entar tha disaasa, or complications that ceusad tha daath. Do not enter the mode of dying, such as cerdiac or raspiratory arrast, shock, or haart failura. List only one ceusa on each line.											Onset and Death		
a	/Medical		immadiata Causa (Final disaasa or condition	T	n+	a Ahus	an in	1 4	10,00	1				1	2 hor	
в	Examiner		rasulting in death)	a	-/ 1 /v	a Abu	nsequence	of):	ENIO	Thy	<i>W.</i>	-			27110	
		je l												1		
	entificate be executed ding physician and se as the burial-transit	Ē	Sequentially list conditions	b		terio	nsaguance	of)								
Ó	exec In an	EX	if any, leading to immediate couse. Enter Underlying Cause (Disease or Injury that Initiated events													
68760,	e be sicis	Cal														
68	fficat pph) as th	B	resulting in deeth) Last								-					
XO	ip is	3	d													
m	atta	Physician	Death Other deathers to an inter-		Access to the second	- 141					001 014					
P.O.	that the de ed by the detached	ıys	Part II. Other significant conditions	_										11	the cause of death?	
			Severe	Chro.	ric C	bstrac	tove	Portone.	nary	Do	ase 1	Yss	2□ No	3 Proprio	bably 4 ☐ Unknown	
ds,	requiras een sign hould be	d by									24a. Was	on out	0001	24h W	ara autopsy findings	
Record	been s	ete	Acute	Mypen	dia	I In.	FARE	+101			perio	rmed?	opsy	av	eliabla prior to emplation of ceusa	
ec	S S CA	npi	//											of	death?	
	The ate	Completed									10	Yes	2 No	1[	☐ Yas 2☐ No	
Vital	Physician: The this certificate ral director, pag	Be	25. Was cesa rafarrad to medical axaminar?						26. Plece	a of Deat	h (Check only o	ona)				
<b>_</b>	ysic is ce dire	10	1 ☐ Yas 2 No	Hospital:	Inpatiant	2□ ER/Outp	etiant 3E	DOA Oth	nar: 4 🗆 Ni	ursing Ho	ma 5 Rasi	dance	6 □Ott	nar (Specif	<b>y</b> )	
) of			27. Mannar of Death	28a. Data	of Injury	ear) 28b. Tir		28c. Injur Wor	y at		28d. Dascribe	how inj	ury occu	rred		
0	Attending or death. ector: Attel by the fune	atio	1 Natural 5 ☐ Panding 2 ☐ Accident invastigetion		ini, buy i	out/ IIII	M		Yas 2	No						
Division	Atte	Iffe	3 ☐ Suicida 6 ☐ Could not detarmine	28a. Place	e of Injury	- At homa, fam	, streat, fa	ctory, office			28f. Location (	Straat a	and Num	ber or Run	al Route Number,	
Ö	affe affe	Certification:	4 - Homicida	Dulid	ling, etc. (	Specify)					City or To	wn, Sta	ra.)			
	spite nouns nouns relie		29e. Certifier 12 Cartifying P	hysician: To the	a best of n	ny knowledga,	leath occu	rred at the tir	na, data er	nd piece.	end due to tha	ceuse(	s) and m	annar as s	tated.	
	Ho Fu e Fu	edical	(Check only 2 Medical Exa	minar: On tha b	asis of ax	amination and/	or invastige	etion, In my o	pinion, des	th occur	rad at the tima,	data a	nd piace,	and dua to	tha causa(s)	
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi	Me	29b. Signatura end titla of certifiar					29c. Licans	a numbar			29d. D	ata signa	id (Month,	Day, Year)	
	->-0		11/1/2 1/-		10	5		Da	21	12		0	1.	1/	: /	
			30 Name and address of several	nompleted	nn of da-	h (tham and )	ma Datas	1/0	14 6	5		de	-/ 10	49	4	
			30. Nama and address of person who			n (nam 23a) (T	/pe, Print)	17/5	4	, 0	12		•			
			31 Date filed (Month Day Vend)	uffers	20 6	Signature	) 12	17/5	Jusy	7			-			
	Sta Registr		31. Date filed (Month, Day, Year) FEB 1. 3 1996	Paris Sacra	Paris a	Signatura										
	riegisti	24 F	2 4		7											



II. BIRTHPLACE (State or Fore NEBRASKA

3. TIME OF DEATH

Approximata Interval Between Onset and Death

8:50P"

2. DATE OF DEATH

7. DATE OF BUITH

**FEBRUAR** 

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

14.1996

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3 should	œ	Sa. FACILITY NAME (If not in NATIONA		HERAN H	OME				VILL	N OF DEATH		9c. COUNTY			NSIDE CITY JMITS? YES 2 NO JOUNTRY?  NOTICEN Indian, I, etc.  WHITE  850  No A, VA  Approximate interval Between the property rendered to provide the property of the property
1, 2,	[유	RESIDENCE OF DEC	CEDENT												
	DIRECTOR	MD.	PRI	NCE GEO	RGES		LA	URE					- 30	American Indian	
physician. burlal-transit permit. Pages	FUNERAL	100. STREET AND NUMBER 8309-	HAVE	N HILL	COUR	Т		101	ZIP CODE	723				OF WHAT COUNTRY?	
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Statement   10 Never Married 2 Never Married 2 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 2 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 2 Never Married 2 Never Married 1 Never Married 2 Never Marr		12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES	2 NO		If yes, sp	ecify Cuben		PRIGIN? (Specify Yes uerto Rican, etc.)	Yes or No— 14. RACE — American Indian, Black, White, etc.  Specity: WHITE			
ital or attending 1 for use as the	E COMPLETED	(Specify online Elementary/Secondary (C	EDENT'S EDU y highest grade 1-12)			6a. DECEDENT'S (Give kind of life. Do NOT u	work done ( se retired.)	during mo	ON ist of working	7	16b. KIND OF BUS		STRY		
by the hospital be detached to at once.		17. FATHER'S NAME (First, M		AGOSS		НОМІ	<u>EMAK</u>	ER			AT First, Middle, Malden . ET LOHN				
retained 5 should notified	TO BE	190. INFORMANT'S NAME (I		RD		196. MAILING	ADDRESS	S (Street a	nd Number of DR	or Rural Route	Number, City or Town	n, State, Zip Co	ode) 4D • 20	—— 0850	)
age 6 may be director, page er must be		20a. METHOD OF DISPOSIT 1 G Burial 2 X Crematic 4 G Donation 5 G Other	(Specify)		20b. P	TROPOI	TTA	N C	REMA		Y-2/10-	CATION — CH	y or Town, ANDR	State IA,	VA.
r death. P se funeral al. examin		21. SIGNATURE OF FUNERA	m. A	hyotry				HY 13	SONG	N ST	,INC.	W W	JASH	DC	4
the death certificate be executed within 15 hours after the attending physician and completely filted in by the Mental Hygiene prior to burial, cremation, or removinglary, or other traumatic event, the medical	AL CERTIFICATION	23. PART I. Enter the debook, or he immediate CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to immediate. Enter UNDERLY. CAUSE (Disease or injurtat initiated events resulting in death) LAS	lons, diate	a. Oue to a Due to a Due to a	OFF AS A C	ONSEQUENCE O	my C	s (	at lan 67a	en les	a li	heli	24b. WE	Interval Onset Med Med Med Med Med Med Med Med Med Med	Between and Deep and
e faw requires that has been signed b Dept. of Health an	IAN: MEDICAL	DID TOBACCO U	SE CONTI	er a	ISE OF	LAL	es o	NO [	5	ERTAIN [	PERFOR	MED?	COF	MPLETION O	OF CAUSE
ATTENDING PHYSICIAN: The ECTOR: After this certificate h is after death with the State is marked, or item	BY PHYSICI		Pending Investigation	HOSPITAL: 1   Inpatient 2     28s. DATE OF 6 (Month, Da)	VJURY	26b. TW		38c. INJ WO		284	Other (Specify)	JURY OCCUP	HED		
DR ATTENDING I DIRECTOR: After hours after death tem 28 is man	ED	3 Suicide 6 S	Could not be determined	25e. PLACE OF building, a	INJURY — le. (Specify)	At home, farm,	struet, fact	tery, effici		281	LOCATION (Street at City or Sevo, State)	nd Number or	Runkl Route	Mumber,	
対域な =	COMPLET			CIAN: To the beat of n										d manner :	as stated.
TO THE HOSPI TO THE FUNER De filed within	TO BE	299 SIGNATURE AND TITLE	lest	v. Ka	rec	sh,	Mi	0	20 LICE	172E	2	29d. DATE S	IGNED (MO	nth, Day, Y	1996
3		DR . CI		D COMPLETED CAUSE S KARESI				S D	RIVE	, ROC	CKVILLE	,MD.	1		

32. JEGISTRAN'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be fined within 12 hours after death with the State Dept. of Health and Mental Hygere prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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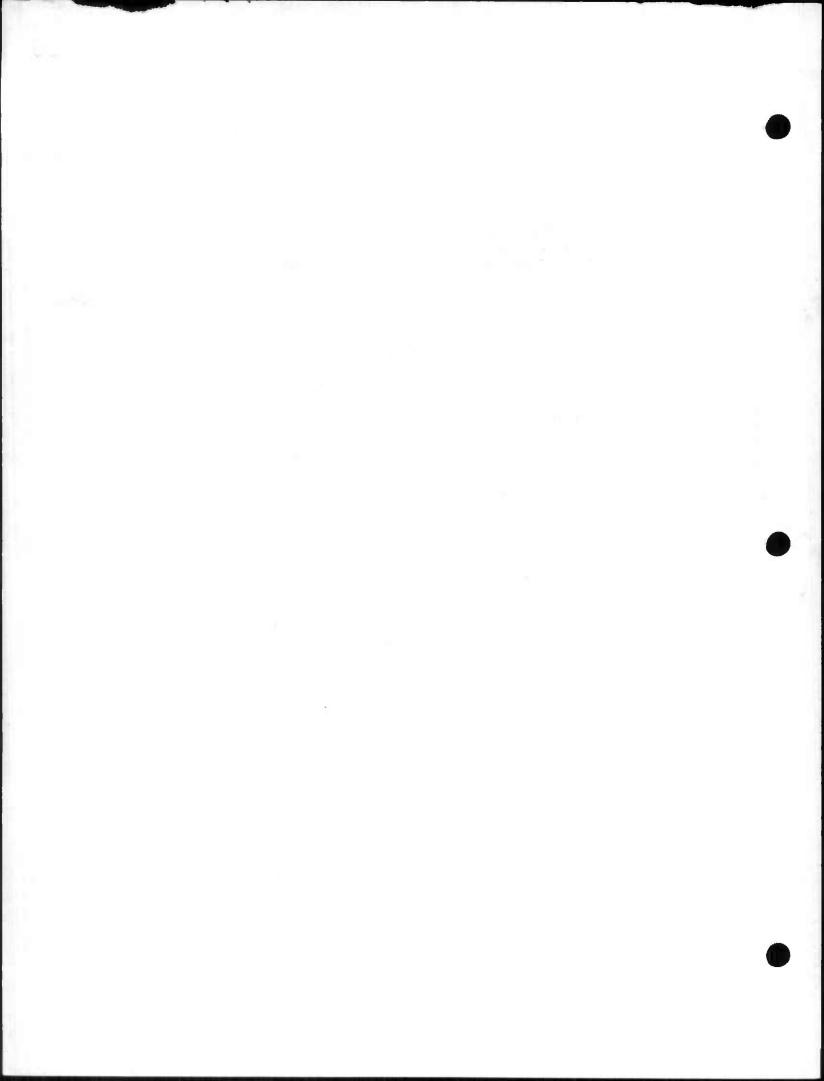
	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTA	L HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	***	3. TIME OF DEATH			
	Maurice Barnett F	ield				Jani	lary 3	1996	12:00 a			
			E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)			
		XXM 2 □ F	90 YRS.				h 16, 1	905   1	Missouri			
~	ae. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  The Kent & Queen Anne's Hospital Inc. Chestertown MD  Kent											
DIRECTOR	RESIDENCE OF DECEDENT											
RE	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
	Maryland Kent		Ker	nedyvil					t   YES 2   NO			
FUNERAL	1201/ Marris D. 1 IV. 1 D. 1 IV. 1 D. 1											
JNE		2. WAS DECEDENT EVER		13 WAS DEC	ZLO43	HC OBIGIN	12 /Coodby Man		United States  RACE — American Indian.			
	1 Never Married 2 Married	FORCES? 1 YE	S 2 NO	If yes, specify Cuben, Mexican, Puert  1 YES 2 NO Specify:			Rican, etc.)	Black, White, etc.				
) BY	3 Widowed 4 Divorced			1	- QL (10 opton)				Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON 'npleted)	18e. DECEDENT'S U	ck done during ma	ON st of working	16b	KIND OF BUS	INESS/INDUS	TRY			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use				n.1					
MO	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	Teache	er	18. MOTHER'S NA	ME (First )		cation	1			
BE C	Charles Augustus	Field			Barbara							
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	DDRESS (Street e	nd Number or Rural F	Route Numi	ber, City or Town	n, State, Zip Co	Maryland 21645			
-	Mary Logan Field		13816	Turner	Point Ro	ad, K	entmor	e Parl	k, Kennedyvill			
	20s_METHOD OF DISPOSITION  1 [A Burlal 2											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	· Man R-	7 10			vs-Wells		eral Ho	ome				
	23. PART I. Enter the diseesea, or con	Munu		413 H	gh Stree	et.Ch	estert	own M	arvland 21620			
	anock, or neart failure. Lia	t only one cause on	each line.	t anter the mo	ae or aying, suci	n sa carc	liac or respi	ratory arreat	interval Betwee			
	iMMEDIATE CAUSE (Finei disease or condition	EVIE	10111F	MIT	DOTA	TIC	00	nstn	fiel Onset and Dast			
	disease or condition a. EXTENSIVE METASTATIC PROSTATIC  DUE TO (OR AS A CONSCOUENCE OF):											
N/	Sequentially jist conditions b.				CARC	IN	mA		years			
ATI	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
임	CAUSE (Disease or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE OF)									
CERTIFICATION	resulting in daeth) LAST											
	PART II. Other algnificent conditions of	ontributing to death	but not resulting in	the underlying	cause alima in	Dom:	24a. WAS AN	ALITE DAY	D			
CAL		to count	out not resulting in	the diderlying	cause given in	Part I.	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC						-	t TYES 2	D(NO	OF DEATH?			
2	DID TOBACCO USE CONTRIB	BUTE TO CAUSE	OF DEATH YES	□ NO □	UNCERTAIN				1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		01112111111	·						
YSIC	1 XYES 2 NO	OSPITAL:		OTHER:  Nursing Home	5 🗆 Residence	8 🗆 Othe	r (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)			URY AT	28d. DES	CRIBE HOW IN	JURY OCCUR	ED			
B	2 Accident Investigation	20- 21-05-05-11-11			ES 2 NO							
9	3 Suicide 6 Could not be determined	building, etc. (Sp	RY — At home, farm, str secify)	eet, factory, office	'	281. LOC	ATION (Street a or Town, State)	nd Number or I	Rural Route Number,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N. To the head of the										
N C	(Check only one)  2 MEDICAL EXAMINER: C	N: To the best of my kno On the basis of examinati	wiedge, dilath occurred ion and/or investigation,	In my opinion, de	end place, end due	to the cau time, data	end place, end	ner as stated.	euse(a) and manner as stated,			
	296. SIGNATURE AND TITLE OF CERTIFIER	2 1	-		29c. LICENSE NUM		1		GNED (Month, Day, Year)			
) BE	HARRY POL	il No	es mi)		DIA	000	/	▶ / ¬	2-96			
5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	EATH (ITEM 27) (Type, F	rint)	710		1	1	/ /~			
	HARRY	AUL K	055									
10	JAN 05 '96	32. REGISTRAR'S SIG	MATURE Mandell		-							

ECLx -

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / I	DEPARTMENT OF RTIFICATE O		MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	Fo	V		2. DATE OF OEATH DAY	YEAR 3-1996	3. TIME OF OEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last i			7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH	IPLACE (State or Foreign					
	237-10-1000	M 2 □√F 76	YRS. MONTHS DAY		Feb 14, 192		rth Carolina					
DIRECTOR	90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  POLICY OF DEATH  PRINCE  RESIDENCE OF DECEDENT											
IREC	Manys land Design		10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?					
	Maryland Prince George's Clinton 100. STREET AND NUMBER 9211 Stweart Lane 101. ZP CODE 109. CITIZEN OF WHAT CO											
FUNERAL	Allegis Health & Rehabilitation of So. Md. 20735 USA											
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried 5 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.)  14. RACE — Black, WI 1 YES X NO Specify:											
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
COMPLETED	Elementary/Secondery (0-12) College Unknown	ge (1-4 or 5+)	Do NOT use retired.)  Clerk		Drug St	ore Ind	uetry					
NO	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM	ME (First, Middle, Meiden Sur		ustry					
BE	Unknown											
2	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Shirley P. Collins (legal Guard) 8918 Granby St Norfolk, VA 23503											
	20e. METHOD OF DISPOSITION 1  Burlel 2  Cremetton 3  Removal fro	20b. PLACEAR	ND DATE OF DISPOSITION	(Name of	DATE 20c LOCA	TION — City or To	wn, State					
	4 Donation 5 Other (Specify)	Metrop	olitian Cr	ematory 2-	-17-96 Ale	xandria	, VA					
	· John A Ca	M001	.73 J.H 443	<ul><li>Eberweir</li><li>3 White Pl</li></ul>	n Mortuary Is La White		MD 20695					
	23. PART Enter the diseases, or compile abock, or heart feiture. List on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ations their caused the desily one ceuee on each line.  Apple TO (OR AS A CONSEON	Sth. Do not enter the	Acidor	as cardisc or respirat	lory srrest,	Approximata interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
AL AL	PART II. Other aignificant conditions cont	ributing to death but not re	eulting in the underi	ring ceuse given in	Part I. 24s. WAS AN AU PERFORME		, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
MEDIC					1 🗆 YES 2 🖫	No	OF DEATH?					
	DID TOBACCO USE CONTRIBUT	E TO CAUSE OF DEAT	H YES NO	UNCERTAIN	<u></u>		1 TES 2 NO					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE PtTAL: spatient 2 ER/Outpatient 3	OF DEATH (Check only of OTHER:	ne)								
PHYSICIAN:		8e. OATE OF INJURY	28b. TIME OF 28c.	INJURY AT	8 Other (Specify)  28d. DESCRIBE HOW INJ	URY OCCURED						
ву р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1	WORK?  YES 2 NO								
- 4	3 Suicide 6 Could not be determined	<ol> <li>PLACE OF INJURY — At horr building, atc. (Specify)</li> </ol>	ne, term, atreet, tectory, o	ffice	26t, LOCATION (Street and City or Town, State)	Number or Rural I	Route Number,					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEOICAL EXAMINER: On the	o the best of my knowledge, dear ne basis of exemination end/or to					s) and manner se stated.					
TO BE	295, SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COME	nMD A	llewly	29c. LICENSE NUM	1535 2	DATE SIGNED	(Month, Day, Year) 13/9/					
	LAXMi BEAWG	7700 OK		H Avenu	Chini	on /	MATY/AND					
;!	FEB 2 0 1996	Jalin Davidson	Rardall				DHMH-18 Ray 1/89					



hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 executed with

notified

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must

medical examiner

the

MEDICAL

PHYSICIAN:

8

COMPLETED

**BE** 

2

27. MANNER OF DEATH

1 Netural

2 Accident

3 Suicide

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	W.	50	P.	23
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
	Prope	F	1	E
	12	2	2	=

96 05837 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Esther F. French 1996 February 11:47 a.m 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Sept. 4, IF UNDER 24 HRS. IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign 1 🗌 M 2 💢 F HOURS 219-03-5937 90 MARYLAND 9e. FACILITY NAME (If not inetitution, give etreet and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Edw.W.McCready Memorial Hospital Crisfield Somerset RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MARYLAND WORCESTER POCOMOKE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1006 MARKET STREET 21851 U.S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PHO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Ricen, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: WHITE 16a. DECEDENT'S USUAL OCCUPATION

(Cham kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 11 PRACTICAL NURSE HEALTH CARE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) BE WILLIAM McCANN FORD CARRIE HEWITT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 THOMAS FRENCH 12470 LORETTA ROAD, PRINCESS ANNE, MD. 21853 20e. METHOD OF DISPOSITION

Source 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State FAIRMOUNT CEMETERY 4 Donation 5 Other (Specify) FAIRMOUNT, MARYLAND 21. SIGNATURE OF PUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME 21853 M00295 11673 SOMERSET AVE., PRINCESS ANNE, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart fallure. List only one cause on each line. MIEDIATE CAUSE (Final Onset and Death Eriocelerotie Heart disease or condition\_\_\_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF) lea enera CERTIFICATION

Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSPOUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?

Ilrinary feeten DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗆 NO 🖾 UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO

1 - YES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

1 N Inpatient 2 - ER/Outpatient 3 - DOA Nome 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

м

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be datermined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated.

infant

1 YES 2 NO

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Bellow 295 legorw

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GREGORIO M. BELLOSO. 4421 BEECHWOOD PL., CRISFIELD MD FEB2 0 1996

1, 32. PEGISTOR'S PIGHATURE

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FEBRUARY NEW MERSON

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	F HOSPITAL OB ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
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	HOSPITAL
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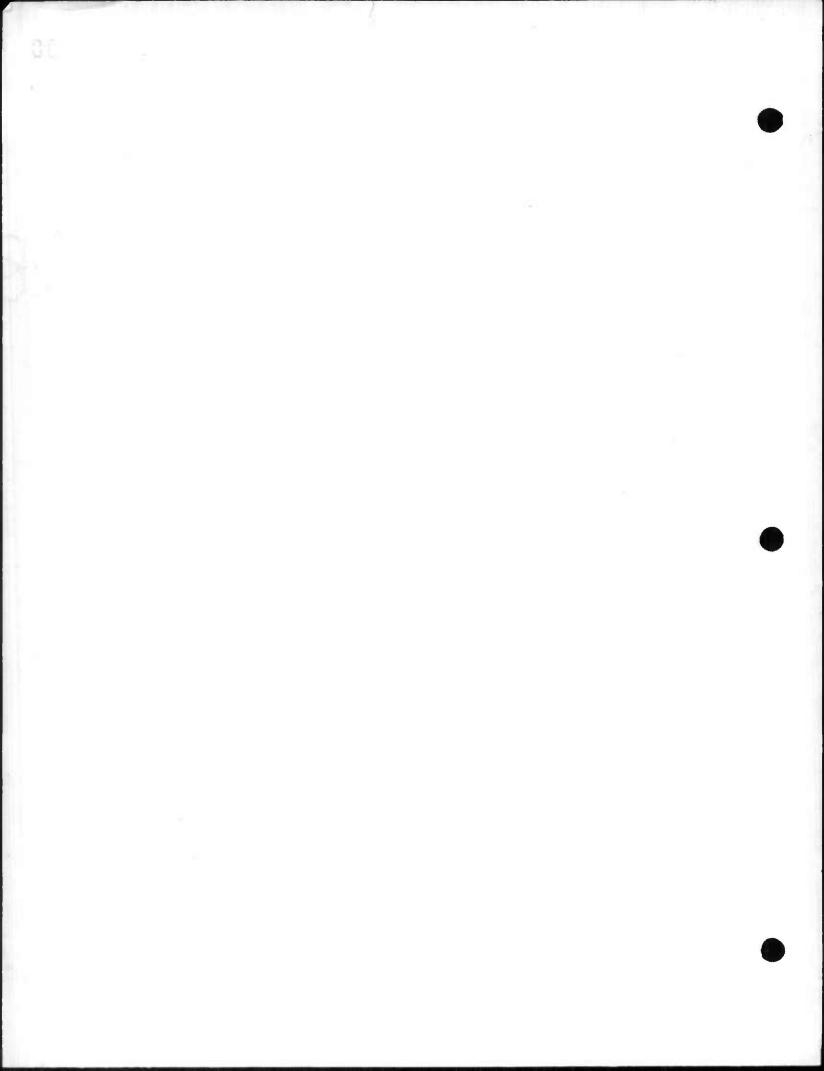
	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAI	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Las					2. DATE	OF DEATH	AY YI	3. 1	IME OF DEATH	
į		. FISHER				Feb	15			1725	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	HOURS MIN.	(Month	OF BIRTH		BIRTHPLAN Country)	CE (State or Foreig	
	9a. FACILITY NAME (If not institution, gh	, , ,	78 YRS.	ON OUTY TOWN O	OR LOCATION OF D	Dec	26	1/	VA		
	Anne Arundel		snital		apolis	EAIN		9c. COUNTY			
	RESIDENCE OF DECEDENT							E	A_		
DIRE	MAN 40 / 2 44 / 10b. COU	in Avenualal	10c. CITY	, TOWN OR LOCAT	ION /					INSIDE CITY	
	100. STREET AND NUMBER	11 yrunaa-	0. 4	rina	ZIP CODE			10g. CITIZEN		YES 2 NO	
FUNERAL	118 Rivers	ide Rd.			2102-	7		/ )	CA	COUNTRY	
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPAI			or No.— 14.		American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			city Cuban, Maxica 2 10 Specif		Rican, etc.)	1	Specify:	Ma, etc.	
	15. DECEDENT'S E	PUCATION				Lan			u	mije	
-	(Specify only highest gri	ade completed)	18a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during mo		166.	KIND OF BU	SINESS/INDUST	rry		
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	FOX	emai			Ca	PY	ele	phone (	
5	17. FATHER'S NAME (First, Middle, Last)	7.1			18. MOTHER'S NA	ME (First, A	Aiddle, Maiden	Surname)	- /		
BE	Laurence	+15hex			Mar	ian	0	NICC	Lin	tock	
2	19a. INFORMANT'S NAME (Type/Print)	57 1	19b. MAILING	ADDRESS (Street a	nd Number of Rurel	Route Numb	oer, City or Tow	n, Stete, Zip Co	de) °-	11 10.	
	20a. METHOD OF DESPOSITION	J. La Remb	ABZC	1 Ve	teruns		Wy	will	exvi	lle, in	
	1 Donation 5 Other (Specify)		HINY, CHIMINATY OF	edisposition (N)	Law ton	DATE	10000	CATION — City	or Town,	State	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	146	22. NAME, AN	ID ADDRESS OF FA	CHUTOY	100	40-11 D	ire	TOLOGI	
	( Lex	Malla.		X	40 AE	Xia V	1 F/1	400	22=	LOLCON	
$\dashv$	23. PART I. Enter the diseases, o	or complications that cause	d the death. Do n	Ci apier the mo	do of dulan ave	- Pr C/	- /7	440	nap	OLIS, M	
- }	snock, or neart fallui	a. List only one cause on e	each lina.	or erner the mo	de or dying, suc	ii da caro	nac or reap	raiory arrest	,	Approximate Interval Betwood Onset and D	
- 1	IMMEDIATE CAUSE (Final disesse or condition	Acute Ca	rdiac F	ailure					i		
1	disease or condition resulting in death)  Acute Cardiac Failure  DUE TO (OR AS A CONSEQUENCE OF): Cardiac Arrhythmia  DUE TO (OR AS A CONSEQUENCE OF): Cardiac Arrhythmia  DUE TO (OR AS A CONSEQUENCE OF): Choking Episode CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Choking Episode  DUE TO (OR AS A CONSEQUENCE OF):  d.										
2											
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	CAUSE (Disesse or Injury										
R	that initiated events resulting in death) LAST										
	PART II. Other significant condit	one contributing to death t	but not maulting I	n the underlying	cause given in	Part I	24a, WAS AN	ALLTONOV	DAN MES	E AUTOPSY FIND	
3				i the broadlying	g cause given in		PERFOR	RMED?	AVA	LABLE PRIOR TO	
MEDICAL						-	1 TYES 2	XNO	OF	DEATH?	
	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES IT NO				, ,	TES Z NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-,	26. PL	ACE OF DEATH (C)		e)				
2	1 X YES 2 - NO	1 Inpatient 2 X ER/Out	patient 3 🗆 DOA	OTHER: 4  Nursing Hom	e 5 🗆 Rasidence	8 🗆 Other	r (Specify)				
5	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 2 - 15 - 9	28b. TIMI	URY WO	RK?			NJURY OCCUR			
B	2 X Accident Investigation	268. PLACE OF INJURY			rES 2 NO			n foo			
	3 Suicide 8 Could not I	building, etc. (Spe at Loca	icify) _	estaura		City	or Town, State)			Number,	
9	29a. CERTIFIER 1 CERTIFYING PH			_			gewate				
COMPLE	anal .	YSICIAN: To the best of my know INER: On the bests of examination							Ruse(a) and	I manner aa stete	
S E	29b. SJGNATURE AND TITLE OF CERTIF				29c. LICENSE NUI			29d. DATE SI			
10 N	Million 8	- John	O Depu	ty	D 06			▶ 2-			
임		WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)						-	
	William P. Jo			erica (	Ct. Dav	idsc	nvil.	le, M	) 2	1035	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									
H	FFR 2.0 10	as de de	a contractable								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremption, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR; After this ce be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S HAME (First, Middle, Last)	2. DATE OF DEATH		3. TIME OF DEATH							
	Flora Amanda Ford					Feb. 17	1996	DOORX 3:55 AM			
		111		UNDER 1 YEAR	DER 1 YEAR   IF UNDER 24 HRS   7 DATE OF BIRTH   8 BIRTHID ACE			BIRTHPLACE (State or Foreign Country)			
	225 / 1 000 /	1 M 2 🛛 F	ONTHS DAYS	THS DAYS HOURS MIN. OCt. 12,			Maryland				
~	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF CEAT										
DIRECTOR	3779 Old Gamber Ro	d		Fi	Carroll						
)   j	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	10d. INSIDE CITY						
	Maryland Carro	11	Fi	inksbur	g			LIMITS? 1 YES 2 N HO			
M.	10e. STREET AHD NUMBER			10f	OF WHAT COUNTRY?						
FUNERAL	3763 Old Gamber Ro				United States						
	11. MARITAL STATUS 1. Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	EHDENT OF HISPA ecify Cuban, Mexico	NIC ORIGIN? (Specify Yea on, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.			
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗌 YES	2 HO Specif	γ.		Specify: white			
ED	15. DECEDENT'S EDUCAT  (Specify only highest grade col	TIOH moletedi	16a. DECEDENT'S US	UAL OCCUPATION	OH .	16b. KIND OF BUS	SINESS/IHDUST	TRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re Homemake		st or working	Or	n Home				
ΔP	8		Homemake				VII HOME				
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
BE	Jabez Barnes  19a. INFORMANT'S NAME (Type/Print)		Tab Maning Ac	00000		tie Ha	ines				
2	Kittie E. Parker		3779	Old Ga	mber Rd.	, Finksbur	g, MD	21048			
	20a, METHOD OF DISPOSITION 1 10 Burlai 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	il from State 20b.	PLACE AND DATE OF DI	DISPOSITION (Na.	med 02/2		CATION — City	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICEN					Retal Home					
	* Katherine Prit	to - Auxita						ster, MD 21157			
	23. PART I. Enter the diseases, or complications hat caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final	6			^			Interval Between Onset and Death			
	disease or condition resulting in death) s	COSCI	DiseA	6400							
	DUE TO (OR AS A CONSEQUENCE OF):										
ON I	Sequentially list conditions,  DUE TO (OR AS A COHSEQUENCE OF):										
SAT	if sny, leading to immediate cause. Enter UNDERLYING										
画	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST										
AL C	PART il. Other significant conditions of	contributing to death bu	t not reaulting in t	he underlying	cause given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
	severe sev	ile dement	ia N	UN INSU	Iw denor	PERFOR	./	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC	Cicipalas	mellips	,			1 123 2	1	OF DEATH?			
z	DID TOBACCO USE CONTRIB		DEATH YES	□ NO □	UNCERTAIL	v 🛛	_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL;	6. PLACE OF DEATH (	Check only one)							
YSI	1 YES 2 7 NO 1	☐ Inpetient 2 ☐ ER/Outpet	tient 3 DOA 4	Nursing Home	5 Residence	6 Other (Specify)					
	27. MANNER OF DEATH  1 Maturel 5 Pending	(Month, Day, Year)	28b. TIME OF	WOI	RK?	28d. DESCRIBE HOW II	JURY OCCUR	ED			
BY	2 Accident Investigation	28e. PLACE OF IHJURY -	At home form etc.		ES 2 NO						
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Specifi	y)	r, tectory, onice		281. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,			
7	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowle	dge, death occurred at	t the time, data	and place, and due	to the cause(s) and man	ner se steted				
MO								use(s) end manner es stated.			
ш	296. SIGNATURE AND TITLE OF CERTIFIER			I	29c. LICENSE NUM			GNED (Month, Day, Year)			
0	T-Homas K.	Gelvin In	5 mo		D316	60		9196			
21	30. NAME AND ADDRESS OF PERSON WHO C										
-	THOMAS GAL			JER A	renue	WESTM	IN STE	2 mo 21151			
	FEB 2 0 1996 July a Registrates signature										



FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	Appendix of the second contract of the last second contract of the s
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11. MARITAL STATUS 1 Never Married 2	S HOS DEPENT 10b. COUNTY Prince	s. SEX  1 M 2 XF  reet and number)  spital	8. AGE (In yrs. 76	YAS.	MONTHS		IF UNDER	MIN.		19	Vi	4:00 A.M PLACE (State or Foreign rginia	
4. SOCIAL SECURITY NUME  579-20-84  9e. FACILITY NAME (# not in DOCTOT'  RESIDENCE OF DECTION. STATE  Maryland  10e. STREET AND NUMBER  10218 Pr  11. MARITAL STATUS  1 Never Married 2	S HOS DEPENT 10b. COUNTY Prince	s. SEX  1 M 2 XF  reet and number)  spital	76	YAS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year $3-17-$	19	8. BIRTH Countr Vi	PLACE (State or Foreign	
99. FACILITY NAME (# not in DOCTOR I DOCTOR I DOCTOR I DE COMBRE D	S HOS  CEDENT  10b. COUNTY  Prince	reet and number)		Tho.					3-17-	19	Vi		
Doctor'  RESIDENCE OF DEC  10a. STATE  Maryland  10a. STREET AND NUMBER  10218 Pr  11. MARITAL STATUS  1 Never Married 2	S HOS	spital	ge's		9b. CIT	Y, TOWN							
10e. STATE Maryland  10e. STREET AND NUMBER 10218 Pr  11. MARITAL STATUS 1 \square Never Married 2	Princ		ge¹s					on Location of DEATH			Prince George's		
10e. STREET AND NUMBER 10218 Px  11. MARITAL STATUS 1 Never Married 2		e Geor	ge¹s	10c. CI1	ry, TOWH	OR LOCA	TION				10d, INSIDE CITY		
10218 Pr  11. MARITAL STATUS 1 Never Married 2										r Marlboro			
1 Never Married 2	10218 Prince Place #106								101. ZIP CODE 109. CITIZEN OF W USA			A	
3 Widowed 4 Divo		FORCES?	FORCES? 1 YES 2 NO If yes, sp			CENDENT OF HISPANIC ORIGIN? (Specify Yea or No pecify Cuban, Maxican, Puarto Rican, etc.) Specify:				to— 14. RACE — American Indian, Black, White, etc. Specify: Black			
15. DEC (Specify onl)	EDENT'S EDUC	CATION completed)	16a.	DECEDENT'S						OUSTRY			
Elementary/Secondary (6 12th	College (1-4 or 5	or 5+)  life. Do NOT use retired.)  Clerk						Government		ent			
17. FATHER'S NAME (First, Middle, Last) Walter Smith									SNAME (First, Middle, Meiden Surmame) Lucinda Lewis				
19e. INFORMANT'S NAME (Type/Print)  Ann A. Latney/Daughter  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1640 Forest Park Drive, Forestvi:									lle 20747				
										LOCATION -	City or To	wn, Stata	
4 Donation 5 Other (Specify) Lincoln Cemetery 2/16 Suitland,											Maryland		
Kumlesly C. Buscoe Ionio J. B. Jenkins Funeral Home										9			
1/4/4 Landover Rd, Landover, MD 20											MD 2078		
shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Spication Procument													
		. Cer	dra	2 Ne	mere	m	hog	9				Doding	
if any, leading to immediate cause. Enter UNDERLYING													
that initiated events resulting in death) LAST  oue to (or as a consequence of):  d.													
PART il. Other significa	. 7	Α.		ot reauiting	in the u	underlyin	ng cause	given in			/ 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Lyperdeneon									1 YE	1 YES 2 DO COMPLET			
DID TOBACCO U	JSE CONT	RIBUTE TO CA	AUSE OF D	EATH Y	ES 🗆	NO [	3 UNC	CERTAI	N 🗆			1 YES 2 NO	
EXAMINER?	O MEDICAL	HOSPITAL:					)						
27. MANNER OF OEATH		28e. OATE O	F INJURY			_		esidence					
1 Natural 5 2 Accident	Pending Investigation				М	1 🗆	YES 2	NO					
3 Suicide 8 4 Homicide	Could not be determined	28a. PLACE building	OF INJURY — A , etc. (Specify)	t home, ferm,	street, fe	ectory, offi	ce				er or Rural i	Route Number,	
anal strip												a) and manner as stated,	
29b. SIGNATUME HO ATL	E OF CERTIFIE	1 - 1		_			29c. LIC	ENSE NU	MBER	29d. DA	SIGNED	(Month, Day, Year)	
			n	<u> </u>			010	5410		12	71/5	96	
7500 H		1 01.	USE OF DEATH	0		lu	res	n	1) Ja	77			
	Year)												
FEB 13	1996	Helia do	would have	while								DHIM.18 Rev 1/8	
	12th  17. FATHER'S NAME (First, A Walter  19e. INFORMANT'S NAME (Ann A Lacon Method of Dispositive States of Comments of Comme	17. FATHER'S NAME (First, Middle, Last) Walter Smit  19e. INFORMANT'S NAME (Type/Print) Ann A. Latney/  20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Rem 4 Donallon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICK  23. PART I. Enter the diseases, or of shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29b. SIGNAT INE AND ATLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHAT SOON AND MEDICAL EXAMINE  31. DATE FILED (Month, Dey, Year)	12th  17. FATHER'S NAME (First, Middle, Last) Walter Smith  19e. INFORMANT'S NAME (Type/Print) Ann A. Latney/Daught  20e. METHOD OF DISPOSITION 1 X Burlal 2   Cremation 3   Removel from State 4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ***MANUALLY**  23. PART i. Enter the diseases, or complications the shock, or heart failure. List only one can improve the cause of condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DID TOBACCO USE CONTRIBUTE TO CAUSE. WAS CASE REFERRED to MEDICAL EXAMINER?  1 YES 2 NO  1 PART II. 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MAILING ADDRESS (Smit and Number or Rum Raum Number, City or Bwn, Stefe, 20 Code) 16.40 Forest Park Drive, Forestvi.  22a. METHOO OF DISPOSITION 17. SB Undid 2 Chemiston 3   Ramoval from State 4   Donation 8   Other (Goody)   Lincoln Cemeter, commenter, commenter, commenter, commenter for other places 21. SIGNATURE OF PUMERAL SERVICE LICENSEE 22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, List only one cause on each line.  18. MAILING ADDRESS (Smit and Number or Rum Raum Number, City or Bwn, Stefe, 20 Code) 19. MAILING ADDRESS (Smit and Number or Rum Raum Number, City or Bwn, Stefe, 20 Code) 19. MAILING ADDRESS (Smit and Number or Rum Raum Number, City or Bwn, Stefe, 20 Code) 19. MAILING ADDRESS (Smit and Number or Rum Raum Number, City or Bwn, Stefe, 20 Code) 19. MAILING ADDRESS (Smit and Number or Rum Raum Number, City or Bwn, Stefe, 20 Code) 19. 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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

21 v

## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Mar

ryland / Department of Health and Mental Hygiene	0584	
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				Otate of Marylan		ificate o			Reg. No.				
	Physic /Medi		Decedent's Neme (First, Middle, La     WILLETTE	YVETTE	F	ERGUS	ON	2. Dete of D. Month FEB.	13, Dey 19		3. Time of Deeth 5:00 PM		
	Exami		4e. Fecility Neme (If not institution, giv			4b. City, Town,	or Location of Dea			orge's			
ŀ	Funeral Director		1714 PEACH TRE 5. Sociel Security Number 6. S 577-96-8300	Sex 7. Age (In yrs.	lest birthday) 1 Yrs.	If Undar 1 Yas Months Dey		rs. 8. Data of Bi			a (State or Foreign ngton [		
	with the Maryland a or 28s-f show be notified at	tor	Usual Residence of Decedent	George's	y, Town or Loca		hellvil	le		-	Inside City Limits  11 Yes 2 □ No		
	th with the 23a or 28a	al Direc	10e. Street and Number	rie Drive		10f. Zip Code 10g. Citizen of Whet 20721 USA					?		
020	within 72 hours after death with the Maryland ene. than "naturat", or items 23a or 28a-f ahow he Medical Examinat must be notified at	by Funeral Director	11. Marital Status  1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in U Armed Forces? 1  Yas 2 No If Yes, Giva Yaar or Dates:	S. 13. Was Decedent of Hispenic Origin? (Sp. If Yes, specify Cuban, Maxican, Puerto			Specify:  16b. Kind of Busin		ce - Amarican ck, Whita, etc. y: Blac			
21215-0020		Completed	15. Decedent's Et (Specify only highest gre Elementery/Secondery (0-12) 12th	Jucetion da completed) College (1-4or 5+)	16e. Decedent's Usual Occupetion (Give kind of work dona during most of w life. DO NOT use retired)  Letter Carrier								
Maryland	should be filed ad Mental Hygi marked other matic event, II	To Be (	17. Fathar's Name (First, Middla, Last) William H. S			18. Mother's Neme (First, Middle, Meiden Yvonne Gill							
	nd 2 saith ar 27 is r trau		19e. Informent's Neme/Reletionship (Type, Print) William Shanklin/Father  19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, 11512 Marjorie Drive, Mitchellvi								20721		
Baltimore,	0 = 5		20e. Method of Disposition  120 Burlai 2 ☐ Cremetion 3 ☐  4 ☐ Donetion 5 ☐ Other (Specify	Removel from Steta F t		coln C	emeter		Brent	wood,	MD		
Bal	permit. Pa Departmen Important: any injury once.		21. Signeture of Funeral Sarvice Licensee  June 1 January C Bruscoe - Tonce 7474 Landover Road, Landover, MD 20785										
	Physician /Medical Examiner		23a. Pertf. Enter the disease, or comp shock, or heart fellure. List only Immediate Cause (Final disease or condition resulting in death)	· Multiple		o ano				Ap Int Or	pproximete terval Between nset and Death		
Box 68760,	leath certificate be executed attending physician and I for use as the buriel-transit.	Ped	Sequentially list conditions, if ery, leeding to immediate cause. Enter Underlying Cause (Disease or injury thet initieted events resulting in deeth) Last	b. Due to (a	r es e conseque	ence of):	-						
P.O.	0 62	y Physician/l	Part II. Other significant conditions of	ontributing to death but not resu	ilting In the und	arlying ceuse	given in Pert I.		tobacco use co		e cause of death?		
Vital Records,	s law requires that the has been signed by pe 2 should be detact	Completed by						24e. Wes	s en eutopsy ormed?	availel	autopsy findings ble prior to letion of ceuse hth?		
tal	年 碧冕		25. Wes case referred to medicai					,	Yes 2□No	194	es 2 No		
2	F # 0	To Be	axaminer?	Hospitel: 1   Inpatient 2	ER/Outpatient	3 DOA	ut	Home 5 ☐ Res		ner (Specify)	IN CAR		
Division of	Aller Internal	Certification:	27. Menner of Deeth  1 Neturel 5 Pending 2 Accident investigation	(Month, Dey Year) 2-13-96	28b. Time of Injury	28c. In W		28d. Describe	how injury occur	bbed			
Divi	To the Hospital or Atten- within 24 hours after deal to the Funeral Director: completely filled in by the		3 Suicide 8 Could not be determined	building, etc. (Specif)	phile			1714 Pe		re lanc	- Bowie		
)	the Hosp thin 24 ho the Fune mpletsly (	edical	29a. Certifier (Check only one)  1 Certifying Physical Example (Check only one)	yalcian: To the best of my know wher: On the basis of examined and manner steted.	viedge, deeth o ion end/or inve	ccurred et the stigetion, in my	time, dete and pie opinion, deeth oc	ce, and dua to the curred at the time	ceuse(s) end m date and plece,	ennar es stata and due to the	d. e cause(s)		
_	ding d	Me	29b. Signatura and title of certifier	911			C.M.E.		29d. Data signe FEB. 14				

State Registrar 111 Penn Street, Baltimore, Maryland 21201

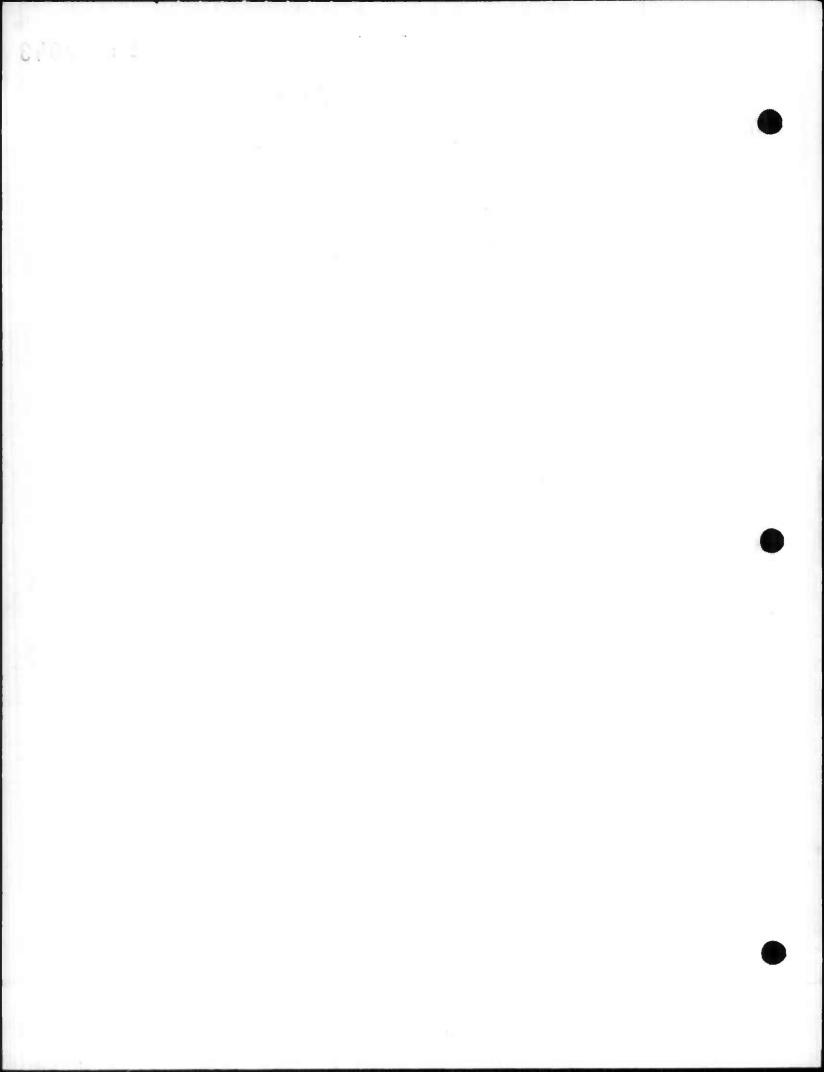
30. Nema and address of person who completed cause of deeth (Item 23e) (Type, Print)

of the second second second second second second second

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEOENT'S NAME (First, Middle, Lest)	eis Pales	1.1			2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH			
	Helen Mar  4. SOCIAL SECURITY NUMBER 5.		r yrs, last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	FEBRUARY 7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	A STATE OF THE PROPERTY OF THE		3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-1-32	1 (	Virginia			
_	9a. FACILITY NAME (If not institution, give street		R LOCATION OF DE								
TOF	Southern Maryland Hospital Clinton Prince C										
DIRECTOR	Maryland Prince		10d. INSIDE CITY LIMITS? 1 X YES 2 NO								
	10e. STREET AND NUMBER		. ZIP CODE		OF WHAT COUNTRY?						
FUNERAL	6801 Bock Road	4 IIC ORIGIN? (Specify Yes	USA								
BY FU	11. MARITAL STATUS  1	or No— 14.	RACE — American Indian, Black, White, atc. Specify: Black								
9	15. DECEDENT'S EOUCATION (Specify only highest grade com	DN pleted)	(Give kind of v	USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUST	RY			
PLE	Elementary/Secondary (0-12) C	Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retired.)									
E COMPLETED	17. FATHER'S NAME (First, Middle, Lest) William Byrd					ME (First, Middle, Maiden CCa Gaine					
TO BE	196. INFORMANT'S NAME (Type/Print)  Carl Falwell/Husband  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  6801 Bock Road #339, Ft. Washington 20744										
	20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION — City or Town, State   Cemetary, cramatory or other place   DATE   20c. LOCATION — City or Town, State   Cemetary, cramatory or other place   DATE   20c. LOCATION — City or Town, State   Cemetary, Cramatory or other place   DATE   20c. LOCATION — City or Town, State   Cemetary, Cramatory or other place   DATE   20c. LOCATION — City or Town, State   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   Cemetary, Cramatory or other place   DATE   DATE   Cemetary, Cramatory or other place   DATE   DAT										
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS				ial Par	k 2/14 Li	andove	er, Maryland			
	Memberly C	Brische	Tonic	J. F 7474	3. Jenk 1 Lando	ins Funer ver Road	ral He	ome dover 20785			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line.  Approximate interval Between										
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  s. CARDIAL ARRYTHMIA  . 2.1 YV										
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate										
ICA	cause. Enter UNDERLYING CAUSE (Disesse or Injury	DUE TO (OR AS A	LONSEQUENCE OF	Molh	~			de,			
H	that initieted events resulting in death) LAST	DOL TO (ON AS A	CONSECUENCE OF	,							
AL CE	PAGE III Other significant conditions of	ontributing to death br	ut not resulting	in the underlying	g cause given in	Part I. 24x. WAS AN	AUTOPSY	24b. WERE ALITOPSY FROMUS			
EDICA	PAGE IT Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  248. WAS AN AUTOPSY PREPORMED?  PERFORMED?  249. WAS AN AUTOPSY PRODUCE  AMELIANCE PRIOR TO COMPLETION OF CAUSE OF GETHY										
Σ	Kespinda	1 Ins	nforce	nly	<i>A</i>		/4	1 ☐ YES 2 ☐ NO			
AN:	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL	UTE TO CAUSE O	F DEATH YE	TH /Check prov code	UNCERTAI	N 🗆 📗					
PHYSICIAN:	EXAMINER? PA	SPITAL:	ntient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)					
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	IURY WO	RK?	28d. DESCRIBE HOW I	NJURY OCCUR	EO			
BY	2 Accident Investigation							Bural Bruta Number			
TEO	3 Suicide 8 Coular not be destirmined 28s. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	and any	n: To the beat of my knowl						ause(a) and manner as stated.			
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	A	<i>[</i> . ]		29c LICENSE NUI	MBER	29d. DATE S	GNED (Month, Day, Your)			
0 10000								10196			
	6. ASHUW KUMA	2 T PATE	A	3 lost of	FFILER	D WALL	JORF-	MD 20602			
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNA	ATURE			T IN OE					

DIVISION OF VITAL RECORDS, P.O. BOX 68760

			1 - FOR STATE REGISTRAR	STATE OF N		/ DEPAR			EALTH AND DEATH	MENT	AL HYGIEN REG. NO	E		
			1. DECEDENT'S NAME (First, Middle, Last	Lee		Gar	net	+		2. DAT	E OF DEATH		YEAR 996	3. TIME OF DEATH  2 30 4
	9	1	4. SOCIAL SECURITY NUMBER 217-20-8407	5. SEX 1  M 2  XF	6. AGE (In yrs. 84	last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DAT	E OF BIRTH	911	8. BIRTHI Country	PLACE (State or Foreign
	2, 3 should	TOR	9a. FACILITY NAME (If not institution, give Laurelwood Nursin RESIDENCE OF DECEDENT					rown o	R LOCATION OF D	EATH			ecil	EATH
	permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUN	ocil		y, TOWN OR LOCATION Desapeake City					10d. INSIDE CITY LIMITS? 1 YES 2 N			
_	nsıt	FUNERAL	320 St. Augustine	Road				101.	21915				IZEN OF W	HAT COUNTRY?
21215-0020 al or attending physician	the burial-transit	ВУ	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		H.	yes, spe	ENDENT OF HISPA city Cuban, Mexico 2X ND Specific	an, Puarle	IN? (Specify Yes Rican, atc.)	or No-	Black, Specif	- American Indian, Whita, etc. y: ack
64 =	d for use as	LETED	15. DECEDENT'S ED (Specify only highest grace (Specify only highest grace (D-12) 10	UCATION le completed) College (1-4 or 5 d	+)	DECEDENT'S (Give kind of v life. Do NOT us	vork done du se retired.)	CUPATIO ring mos	N It of working		b. KIND OF BUS		DUSTRY	
BALTIMORE, MARYLAND 2 or death. Page 6 may be retained by the hospital	ಕ್ಷ ಜ	BE COMPLET	17. FATHER'S NAME (First, Middle, Last)  John Braxton			nomenia	iker		18. MOTHER'S NA	AME (First,	omesti Middle, Melden Brown	_	Jwn H	ome
E, MAR		TO B	19a. INFORMANT'S NAME (Type/Print) Florence Cooper						ornor R	Route Nu	mber, City or Town			nd 21921
IMORE Page 6 may	must		20e. METHOD OF DISPOSITION  1  Burlel 2  Cremetton 3  Rec 4  Donetton 5  Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	1	20b. PLAC Cornetery, Bopeni	crematory or of	r Ceme	tery	- January D ADDRESS OF FA	7 15,	1996 Ch	CATION —	city or Tow	vn, State ty, Maryland
BALTIMO after death. Page 6	0 = 0		William L.  23. PART I. Enter the disease, or	King Jr.	Lung	gh	Fe]	Llow Ea	s Funer	al H Str	eet C	ecil <sub>1</sub>	ton.	Maryland
60 within 24 hours	completely filled in by th ial, cremation, or remove event, the medical		ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Renz	se on each ii	ne.		ne mod	e of dying, aud	ch aa ca	rdiec or reepi	ratory ar	reat,	Approximate interval Batwee Onset and Dear
OX 687 be executed	sician and c rrior to buria traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a Dia	betes (DR AS A CONS	me	11:40	ıs_						5415
P.O.	attending phy ntal Hygiene p y, or other	SERTIFI	that initiated events resulting in death) LAST	d	(OR AS A CONS	SEOUENCE OF	):							
L RECORDS, law requires that the dec	been signed by the atterpt. of Health and Mental shows any injury, c	MEDICAL (	PART II. Other eignificent condition							_	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDING: AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
	certificate has be the State Dept. I, or Item 23 s	SICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO	HOSPITAL:	26. PL	ACE OF DEAT			UNCERTAI	N 🗆				
DIVISION OF VITA  DR ATTENDING PHYSICIAN: The	with	BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 □ Inpetiant 2 □ 26a. DATE OF (Month, Date of the control of the	INJURY	26b. TIME	E OF 2	Bc. INJU WOR	RY AT IK?		er (Specify)	JURY OC	CURED	
DIVISION DR ATTENDING	after d	ETED	3 Suicide 6 Could not be determined	26e. PLACE Of building.	F INJURY — At atc. (Specify)	home, ferm, s	treet, factor	y, office		281. LO C/h	CATION (Street a r or Town, State)	nd Number	r or Rural Ro	oute Number,
7	= 25 E	COMPL	one) 2 MEDICAL EXAMIN											end manner as stated.
TO THE P	TO THE FUNERA be filed within 7 IMPORTANT: 1	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  Wallace  30. NAME AND ADDRESS OF PERSON WI	benahair	SE OF DEATH (1)	FEM 27) (Type	Print)		12 0 7		9			Month, Dey, Year)
			IN ALLACI 31. DATE FILED (Month, Day, Year)	= OE	FEN:	SHA	IN							
		. 1	JAN 16 '9	6 9	us signature chia Lavi	dson-Pa	ndell							



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State of Maryland / Department of Health and Mental Hygiene 95 0584

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant'a Name (First, Middle, Last) 2. Data of Death 3. Tima of Death February 15, 1996 **Physician** Grav 2230 Elizabeth /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Calvert Memorial Hospital Prince Frederick Calvert if Undar 1 Yaar | If Undar 24 Hrs. | Months Days Hours Min. 8. Deta of Birth (Month, Day, Year) January 181919 5. Social Security Number 7. Age (In yrs. iest birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 2 F Days Yrs Director 257 14 5364 Georgia Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. insida City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the Medical Examine, must be notified at 1 Ves 20 No Director Maryland Calvert Solarans 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 570 Rolling Hills Road 238 20688 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 2 Yas 2 No It Yas, Giva Was Decedant of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. Peges 1 and 2 should be filed within 72 hours effer inent of Health and Mental Hygiana. Int: If Item 27 is marked other than "natural", or ite 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Year 912 ates 45 Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life, DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Collaga (1-4or 5+) publicationa service manager Elamantary/Secondary (0-12) Dunn and Bradstreet 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Milton Gray Annie Dean 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, Stata, Zip Code) permit. Peges 1 end 2 s
Department of Health er
Important: If Item 27 is
any Injury or other trau Jovae Stinson 570 Rolling Hills Rd. Solomons Maryland 20688 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod ot Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Metropolitan Crematory February 17,1996 Alexandria Virginia 21. Signatura of Funarai Servica Licansae 22. Name end Addrass of Facility 4405 Broomes Is. Rd. Fürt Republic Maryland 20676 23a. Part1. Enter the disaesa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximata Intarval Between Onset end Death **Physician** Immediata Cause (Final disaase or condition rasulting in daalh) /Medical 3 day Anoxic encephalopathy
Dua to (or as a consequence ot): Examiner Examiner Seizure disor disonder Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last physicien end the bunef-tran Small Box 68760 Dowel Physician/Medicai Dua to (or as a consaguanca ot): P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown signed I CVA. Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Subdural homatoma s/p evacuation 1 🗆 Yas 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: The offer death.

In Director: After this certificated in by the funeral director, pages of the funeral director director, pages of the funeral director directo Be 25. Was casa ratarred to medical axaminar? 26. Placa of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yas a No edical Certification: To 27. Manner of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1-Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcide 6 Could not ba 28a. Place of Injury - At homa, tarm, street, tactory, offica building, atc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida To the within a completely filled 1 Destitying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated. 29a, Cartiflar 29b. Signetura and titla of cartifier 29c. Licansa number 29d. Date signed (Month, Day, Year) 220 30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print) RJ. P.F. MD Molouki Henr Hospital

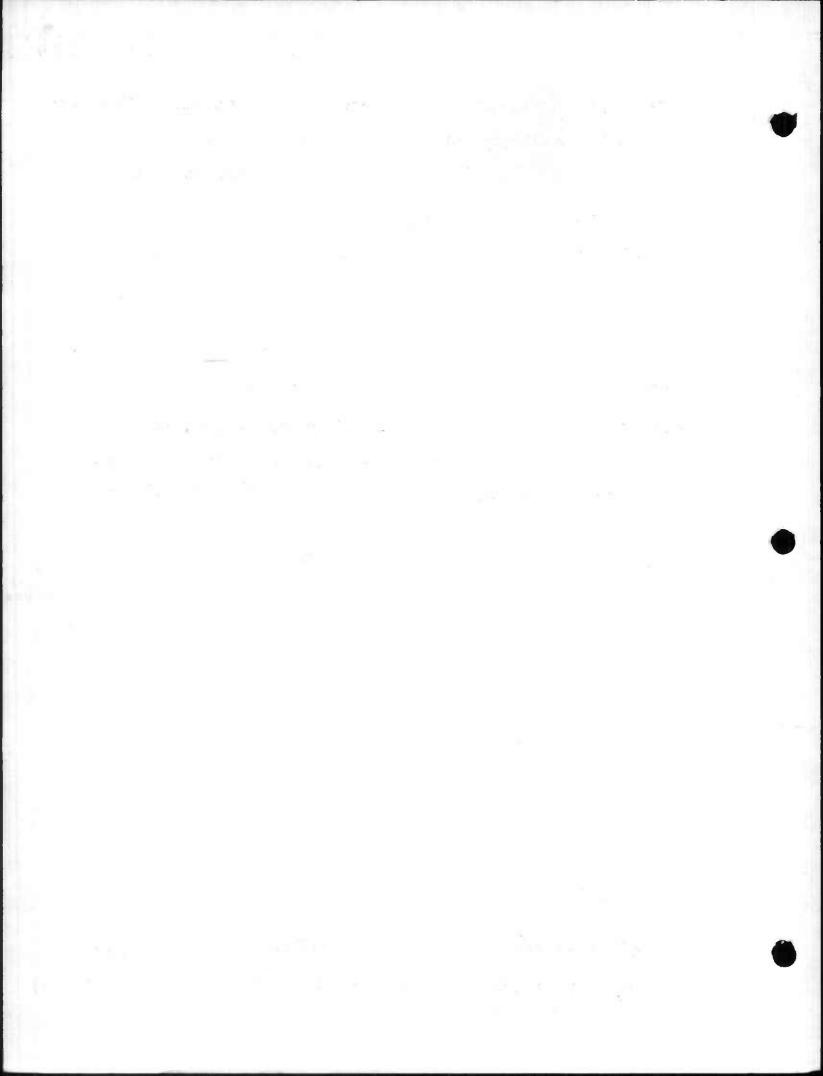
32. Registrar's Signatura

State

Registrar

31. Date filed (Mogth, Day, Year)

FEB 20



DHMH-18 Rev 1/89

FOR STATE REGISTRAR

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ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mis	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
-	20

1	1. DECEDENT'S NAME (First	The second second			0.	15				2. DATE OF DEATH	W	YEAR 3. TIME OF DEATH	
- 1		_		IAE		dFr				February	9,19		
	4. SOCIAL SECURITY NUM	0.000	5. SEX	6. AGE (In yrs.	_	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	20	8. BIRTHPLACE (State or Foreign Country)	
1	194-20-7997		1 M 2 V F	69	9 YRS.					JUNE 6,19		KENTUCKY	
~	9e. FACILITY NAME (# not in				_			OR LOCATI		EATH		INTY OF DEATH	
DIRECTOR	PENINSULA RI		_ MEDICAI	L CENTE	R	;	SALI	SBUR	Y		MTC	COMICO	
EC	10e. STATE	10b. COUNTY	1		10c. CIT	TY, TOWN O	OR LOCAT	TION				10d. INSIDE CITY	
E I	MD.	WICO	MICO			SALI	SBUI	RY				LIMITS?	
AL	10e. STREET AND NUMBER							f. ZIP COD	E		10g. CIT	IZEN OF WHAT COUNTRY?	
6	109 FRANCIS DRIVE 21801 U.S.A.												
BY FUNI	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Dive	-	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	NT EVER IN U.S. 1 YES 2 N WAR OR DATES	ARMED		If yes, sp		an, Mexice	NIC ORIGIN? (Specify Yee on, Puerto Rican, etc.) y:	or No	14. RACE — American Indian, Black, White, stc. Specify: WHITE	
E		CEDENT'S EDUC			DECEDENT'S	work done	during mo	ON ost of worki	ing	18b. KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (		College (1-4 or 5	+)	life. Do NOT u	use retired.)		701	"9				
COMPL	9				SEAMST	'RESS				GARMEN	T F	TACTORY	
8	17. FATHER'S NAME (First, A							200		ME (First, Middle, Maiden	Surname)		
BE	HANSEY		ES					_	MAGG				
2	19e. INFORMANT'S NAME (									Route Number, City or Town			
		GODFRE	Y						, SA	LISBURY, MA			
	20e. METHOD OF DISPOSITION   Burlel 2   Crematic 4   Donation 5   Other	lon 3 🗆 Remo		20b. PLAC cemetery SPR	CEAND DATE Crematory or C INGHIL	other place)	М. С	GARDE		2/12 HEB		City or Town, State  MARYLAND	
	21. SIGNATURE OF PENERN	rld (	1 Bu	unc	2/			DS FU		SECRETALISMS AND	LISB	URY,MD. 21801	
	IMMEDIATE CAUSE (Fi disesse or condition resulting in deeth)	nel -	a. Res	OR AS A CONS	SEOUPNCE C	DF):	an	nos.	H And	ma Sevu	10 (	30-3	
CERTIFICATION	Sequentially list condi- if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inji- thet initiated events resulting in death) LAS	ediete rING ury	c	O (OR AS A CONS	SECUENCE O	orj:	71.(10		1100	/ 3010		0 / 10	
MEDICAL	PART II. Other significant conditions contributing to death but not recuiting in the underlying ceuee given in Part I.    Am   Hypoten 5												
HYSICIAN:	25. WAS CASE REFERRED 1		KIROLE IO CH		LACE OF DEA				LEKIAII	иПТ			
20	EXAMINER?	O MEDICAL	HOSPITAL:			OTHE	R:						
HYS	27. MANNER OF DEATH		28a. DATE DE		28b. Til			ne 5 □ R	eeldence	8 Other (Specify) 28d. DESCRIBE HOW I	MJURY OC	CCURED	
٥.		Pending	(Month, D			IJURY M	WC	ORK?	□ NO	2001 0000000000000000000000000000000000		300112	
ETED BY	2 Accident 3 Suicide 8 Homicide	2 Accident Investigation 3 Suicide 8 Could not be building, etc. (Specify						At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, Stelle)		
COMPLE	CONSCR ONLY									e to the cause(s) end man		sted. the cause(s) end manner as stated	
E	29b. SIGNATURE AND TITLE	E OF CENTURY	ack					29c. LIC	ENSE NU	MBER ,	29d. DA	TE SIGNED (Month, Day, Year)	
00		NO!	2	MD				1	818	614	1	2.9.96	
TO	Deepak	Sagga	or, M.D.	ISE OF DEATH (I	7 Ri	e, Print) IES	ide	Dr.	5	alisbury	, 1	2.9.96 10 21801	
	31. DATE FILED (Month, Day,	9 100C	32 REGISTRA	AR'S SIGNATUR	arlath								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

the burial-transit permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

5

MEDICAL CERTIFICATION

BY PHYSICIAN:

COMPLETED

BE

2

3 Sulcide

4 Homicide

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		
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ENDIN	JR: Af	ter de	S is
R ATT	RECT	urs af	E =
TAL 0	3AL DI	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPI	FUNES	within	TANT
THE	THE	filed	POR
2	2	8	3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH FEBRUARY 13, CATHERINE MAE GILLOTT 1996 6:50 A M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. JUNE 27, 1916 578-09-3046 1 - M 2XXF 79 MARYLAND YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3681 GARDINER ROAD WALDORF **CHARLES** RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY MARYLAND **CHARLES** WAL DORF 1 YES 2XX NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3681 GARDINER ROAD 20601 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2XXNO Specify: 1 Never Married 2 Married 3 Widowed 4XX Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY **BOOKKEEPER** REAL ESTATE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHRISTOPHER SYLVESTER LONG GERTRUDE SARA RUSSELL 19e. tNFORMANT'S NAME (Type/Print) JOANNE C. PONTORNO 3681 GARDINER ROAD, WALDORF, MARYLAND 20601 20. METHOD OF DISPOSITION

1 A Buriel 2 Operation 3 

4 Donation Other (Specify) DATE 20c. LOCATION - City or Town, State ST. MARY Sor CHURCH CEM. FEB. 16, 1996 BRYANTOWN, MD UNE SERVE LICE 21. SIGHATURE OF THE HUNTT FUNERAL HOME, INC. MARK G. BROHAWN M00053 P.O.BOX 156, WALDORF, MARYLAND 20604 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feliure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Finel disease or condition\_ resulting in deeth) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 X NO

1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one)

25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** HOSPITAL 1 YES 2 1 OTHER 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 2 Accident

8 Could not be

FEB 2 0 1996

8 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

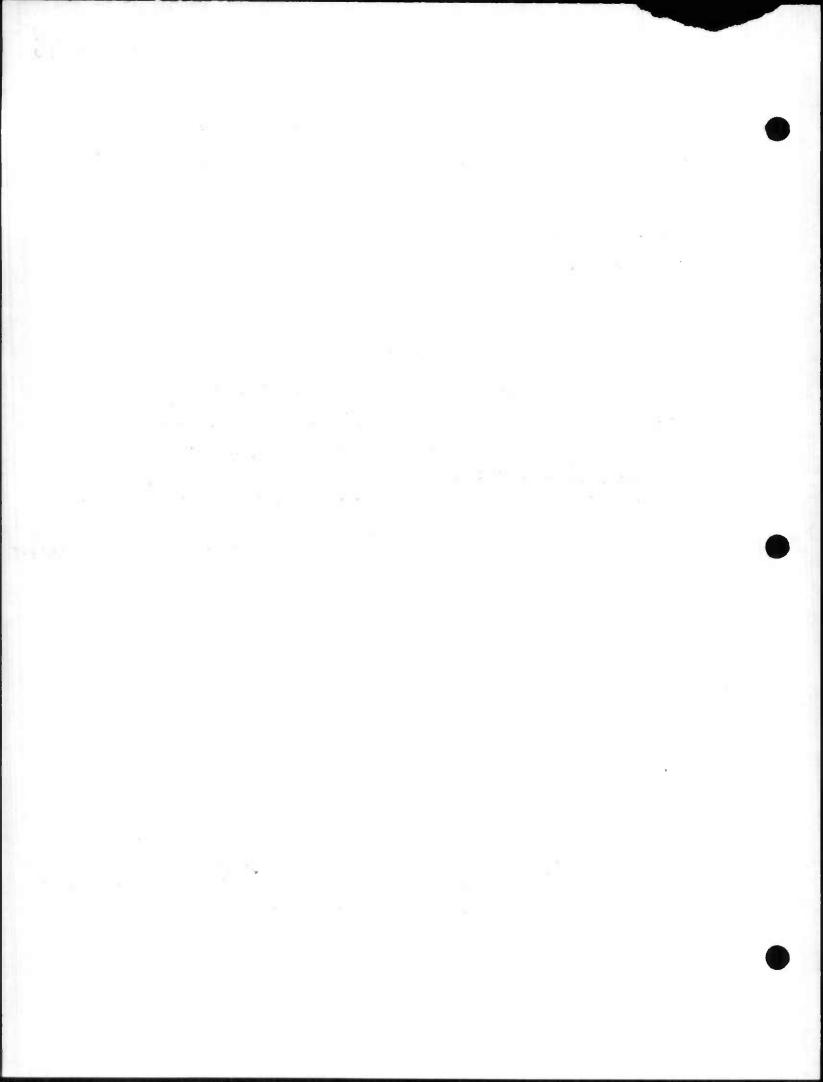
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as attated. (Check only one)

basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(e) and manner se stated.

DEATH (ITEM 27) (Type, Print)

29d. DATE SIGNED (Month, Day, Year) FEBRUARY 14, 1996

31. DATE FILED (Month, Day,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth <sup>Dey</sup> 17 1996 11:00 pm February Virginia Shirley 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Union Bridge 837 Rampart Way Carroll If Under 24 Hrs. Hours Min. if Under 1 Year Months Deys Birthplece (Stete or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Date of Birth (Month, Day, Year) 1 M 2 AF Yrs. 220-40-7659 52 Apr. 20, 1943 Pennsylvania Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 🖾 No Union Bridge Carroll 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21791 U.S.A. 837 Rampart Way 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Buainess/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) homemaker own home 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Wilbur C. Bollinger Elvy Sittig 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 837 Rampart Way Union Bridge, MD 21791 Charles R. Gregg 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State

Paul's Luth. Cemetery 2/21

**Physician** /Medical Examiner

P.O. Box 68760,

Division of Vital Records,

**Physician** 

/Medical

**Examiner** 

Director

Funeral

þ

Completed

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10e. Stete

Maryland

**Funeral** 

Director

Examiner To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours either death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the innertal director, page 2 should be detached for use as the burlet transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Physician/Medical þ

Completed Be Medical Certification: To 27. Menner of Deeth

1 X Buriai 2 ☐ Cremetion 3 ☐ Removel from State

4 ☐ Donetion 5 ☐ Other (Specify)

21. Signature of Funerel Service Licensee

Immediate Cause (Final disease or condition resulting in death)

Union Bridge, MD

22. Neme and Address of Fecility D.D. Hartzler & Sons

23e. Pert1. Enter the disease, or complications that cause of deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each Approximete Interval Between Onset and Deeth

Uniontown, MD

Due to (or es e consequence of)

Due to (or es e consequenca of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were autopsy findings eveilable prior to completion of cause of death?

1 ☐ Yes 2 ☐ Yo

5. Wes case referred to medical	
examiner?	Hospitei:

6 Could not be determined

2 ER/Outpatient 28e. Dete of Injury (Month, Dey Year) 5 Pending investigation

3 DOA 28b. Time of

Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred

26. Place of Deeth (Check only one)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier

2 Accident

4 Homicide

3 Suicide

Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) end menner ea stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated.

YEDRA!

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Dev. Year)

30. Neme end address of person who completed cause of death (Item 23a) (Type, Print)

31. Dete filed (Month, Day, Year) FEB 20

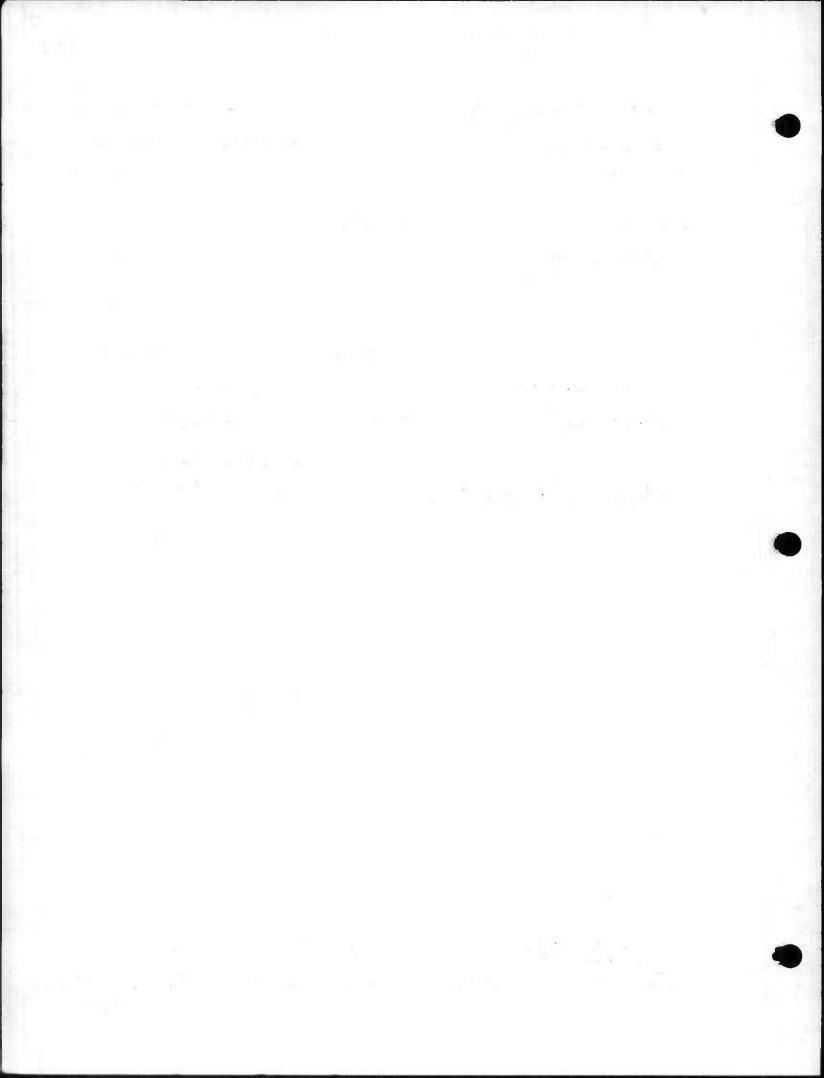
32. Registrer's Signature

28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

State

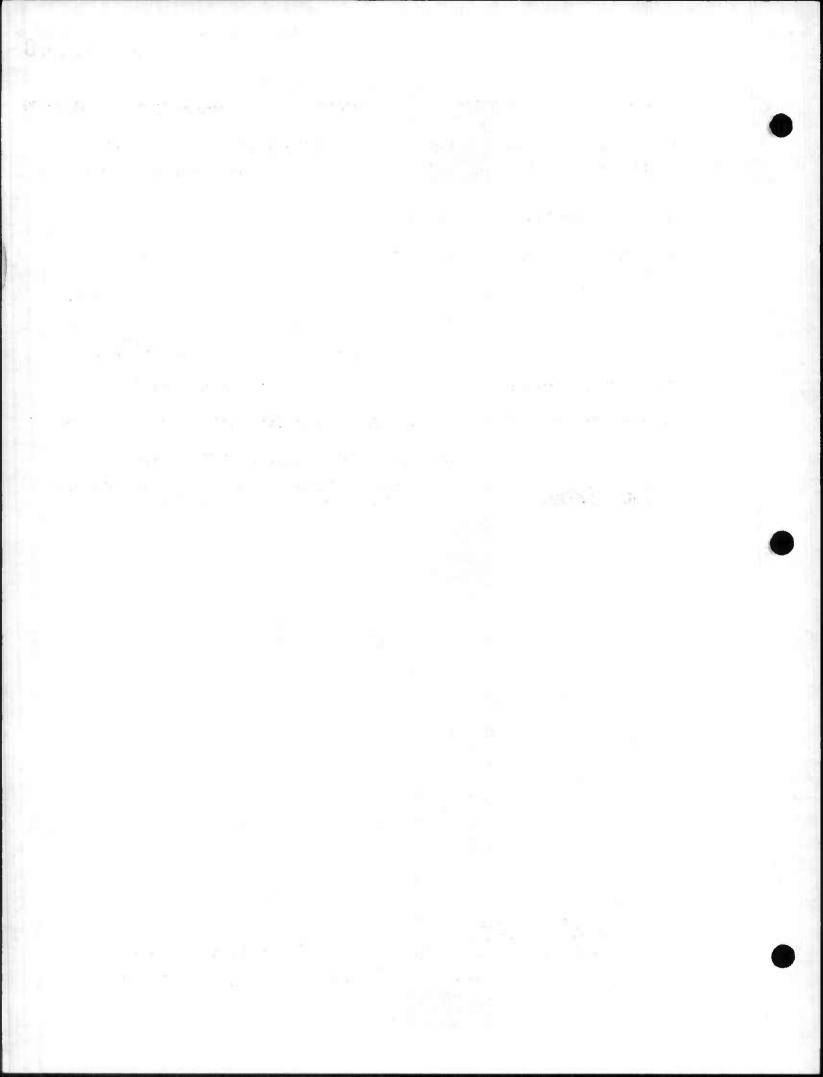
Registrar

To the Hospital c within 24 hours of To the Funeral D



# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

								Certi	ificate	e of	Death			Reg. f	No.			
	Dharata		1. Decedent's Name (Fire	st, Middia, La	ist)								2. Data of De		Yes V		3. Tima	of Death
	Physic /Medi		Glenn		Wil	lliam			Gro	sho	n		Februa	ary	15,199	ear 96	11:0	00 PM
) i i	Exami		4a. Facility Name (If not i	institution, giv	a street and nu	mber)					4b. City, To	wn, or Loc	cation of Deat		tc. County of I			
			Frederick		orial	Hospi	ta1				Frede				Frede	ric	k	
	Funeral		5. Social Security Number 216-07-877		Sex 1 DM 2 □ F	7. Age (In )	rs. last birtl		If Under	1 Year Days	If Under	24 Hrs. Min.	8. Data of Bir (Month, Da Sept 2	th y, Yes	9.	Birthpl Count	aca (Stata	or Foreign
	Director			4		<u> </u>	/ / Y	rs.					Sept2	0,	1918	Ma	ryla	and
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Mary	de p	ō	MD C	Carro	111		Keym	ar										s 2⊠No
	28e	ec	10e. Street and Number						10f. Zip (	Coda				10a. (	Citizen of Wha	t Count	rv?	
Will	38 0	0	2049 Keys	sville	e-Bruc	evil1	e Ro	ad	217						S.A.			
5-UUZU 72 hours efter death with the Marylend	ma 2	Funeral Director	11. Maritai Status		12. Was Dad Armed F				s Deced	ent of H	lispanic Ori	gin? (Spe	cify Yes or No Rican, etc.)	)-	14. Race - /			-
o de	or re	E	1 Navar Marriad	2 Married	1 Yas	2 No							Rican, etc.)		Biack, \			n n
5-0020 72 hours of	- 1	by	3 ☐ Widowed 4 ☐ [	Divorced	If Yas, G Year or E	va Dates:		11	JYas 2⁵	LANO	Specify:				Specify: C	auc	asi	111
22 H	netu Signi	Completed	15. I	Decedent's E	ducation ada complatad)	)	16a. I	Decedar	nt's Usual	Occup	ation	t of workin	na	16b.	Kind of Busin	ass/Ind	ustry	
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aryland 212 should be filed with	nerke netic	9											e Mae					
Maryiand d 2 should be file	le n		19a. tntormant's Name/F			£ 0		_					I Route Numb				,	22171
9 1	ther ther		Kathryn G				-			or uc	eville Data		Location - Cit	_		1211		
baltimore	Pages 1 and 2 should be filed within 72 hours efter death with the Marylen ient of Health and Mental Hygiene. nt: If flem 27 is marked other than "natural", or flema 23a or 28a-f showing or other traumatic event, the Medical Examinations invast be natified at		1 ☐ Buriai 2 ☐ Cre	mation 3			cemetery						-22				11.	
IL P	Department important: I any injury o once.		4 Donation 5 0				eysv	_				-	/19/9	0 K	eymar	, 1	10	
Dail.	Department important: I any injury o once.		21. Signatura of Funerai	Sarvice Licei	1S88			Sk	iles	F	ss of Facility	al H	ome,	136	East	Ва	ltin	nore
			y. Reis_	) Lile	0								MD 2		7			
			23a. Part1. Entar the dis shock, or heart tallu	easa, or com ura. List only	one cause on	ceused tha d aach lina.	aath. Do n	ot antar	tha moda	ot dylr	ng, such as	cardiac o	r respiratory a	rrest,		i	Approxima Interval Ba Onset and	ate atween
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), exect	ng physician and as the burlel-transit	Examiner	Sequantially list condition if any, leading to immadi- causa. Entar Undarlying Causa (Disasse or injury	ns. ata		N/	(or as a co	onsequa //	nce(ot):	1	T		11:			1	7	
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de at	od for	sicia	Part ti. Other significant	conditions of	ontributing to d	eath but not	resulting in	tha undi	arlying ce	usa div	an in Part I.		23b. Did	tobac	co use contri	buta to	the cause	of death?
et the	ed by the attendidetached for use	Physician/			-				,				10	Yes	20 No 3	□ Prob	ably 4	Unknow
S T	5.8	by																
Of VILLA RECORDS, P.O. BOX 68/6U, Physician: The law requires that the death certificate be executed	been si												24a. Was	an au		ava	re autopsy liabla prior	rto
N N	85 CA	ple														of d	nplation of leath?	Cause
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lan:	is certificate he director, page	Be	25. Was cese retarred to axaminer?	medicei							26. Placa	of Death	(Check only	ona)				
Oi Vita Physician:	l dire	2	1□ Yes 2□ No		Hospital:	Inpatiant 2	□ ER/Out	patient	3□ DO/	A Oth	nar: 4□ Nu	rsing Hon	na 5□Rasi	dance	8 Othar (	Specify	)	
2 2	within 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral		27. Manner of Daath 1. Natural 5	Panding	28a. Data (Mon	of tnjury oth, Day Year	28b. Ti	ma ot jury		c. Injur Wor	y at k?	2	28d. Dascribe	how in	jury occurred			
or Attending	death.	Certification:	2 Accidant	invastigation Could not b					М	1 🗆	Yas 2 1	No						
or Att	affer deat Director: I in by the	E	3 Suicide 6 4 Homicide	datarmined	28a. Place build	e of Injury - A ing, atc. (Spe	t homa, farr ecify)	n, strea	t, factory,	office		2	28f. Location ( City or To			or Aurai	Route Nu	mber,
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Hos	Fune Fune	edical	29a. Certiflar (Check only one)	Certifying Ph Jedicat Exam	ystcian: To the ninar: On the b	asis of axam	ination and	death or for Invas	ccurred a stigation, i	t tha tir in my o	na, data an pinion, daal	d place, a th occurre	nd dua to tha ed at tha tima,	causa data a	(s) and manna and place, and	dua to	ated. the ceuse	(s)
To the Hospital	within 24 hours  To the Funeral  completely filled	Me	29b. Signature and little of	cestilet	and man	iner stiffed	-		29c.	Licens	e number			29d. [	Data aigned (A	Aonth. E	Dav. Year)	
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			30 Name and address of	normanh.	completed as	Me de de de de		ime D	inel		,	7)	0649		41101	16		
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 the funeral death with the State Dept. of Health Hygiene prior to burial, cremitation, or retrined.		3 she		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages in the filled that have been signed by the attending physician.		2.		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The filled physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The filled physician and formal physician principles are the filled physician.		Pages		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires in TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Det. Of Health	at the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	and Mental Hygiene prior to burial, cremation, or removal.	s indicate an address and address of the small and accomplished the small the small at any
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TO THE HOSPITAL DR ATTENDING PI TO THE FUNERAL DIRECTOR: After th be filed within 72 hours after death v	HYSICIA	ils certi	vith the	and her
TO THE HOSPITAL DR ATTEN TO THE FUNERAL DIRECTOR: De filed within 72 hours after	DING P	After th	death v	Annual or
TO THE HOSPITAL DR TO THE FUNERAL DIR. be filed within 72 hour	ATTEN	ECTOR:	's after	1 00
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	TO THE I	THE I	be filed \	COOURSE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN February 20, 1996 Helen E 12:50 p Gaither 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH Dec. 24, 1898 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Maryland 212-03-8103 97 1 M 2 X F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Avalon Manor Home Inc. FUNERAL DIRECTOR Washington Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 838 Georgia Avenue 21740 **USA** 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puario Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 YES 2 NO Specify: BY Specify: 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify Elementary/Secondary (0-12) College (1-4 or 5+) 8 housewife home 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Unknown Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William 100 W. Washington Street Hagerstown, Maryland 21740 Mairn 20a. METNOD OF DISPOSITION
1 CKBurlei 2 Cremation 3 - Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Rose Hill Cemetery 2/22 Hagerstown, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) me week Incumoma DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | MO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26 PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 | YES 2 100 1 Inpatient 2 ER/Outpatient 3 DOA 4 Detti 6 Other (Specify) 27, MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rurel Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 \_\_\_\_CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D4499 M 2

APPANS

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

FEB 2 2 1996

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his Strandenment

32. REGISTRAR'S SIGNATURE

Q.,/-

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Lillian Ozzella GORTON /Medical 4c. County of Deeth 4b. City, Town, or Location of Death 4e. Fecility Neme (if not institution, give street and number) Examiner Washington Washington County Hospital Hagerstown If Under 1 Year If Under 24 Hrs.

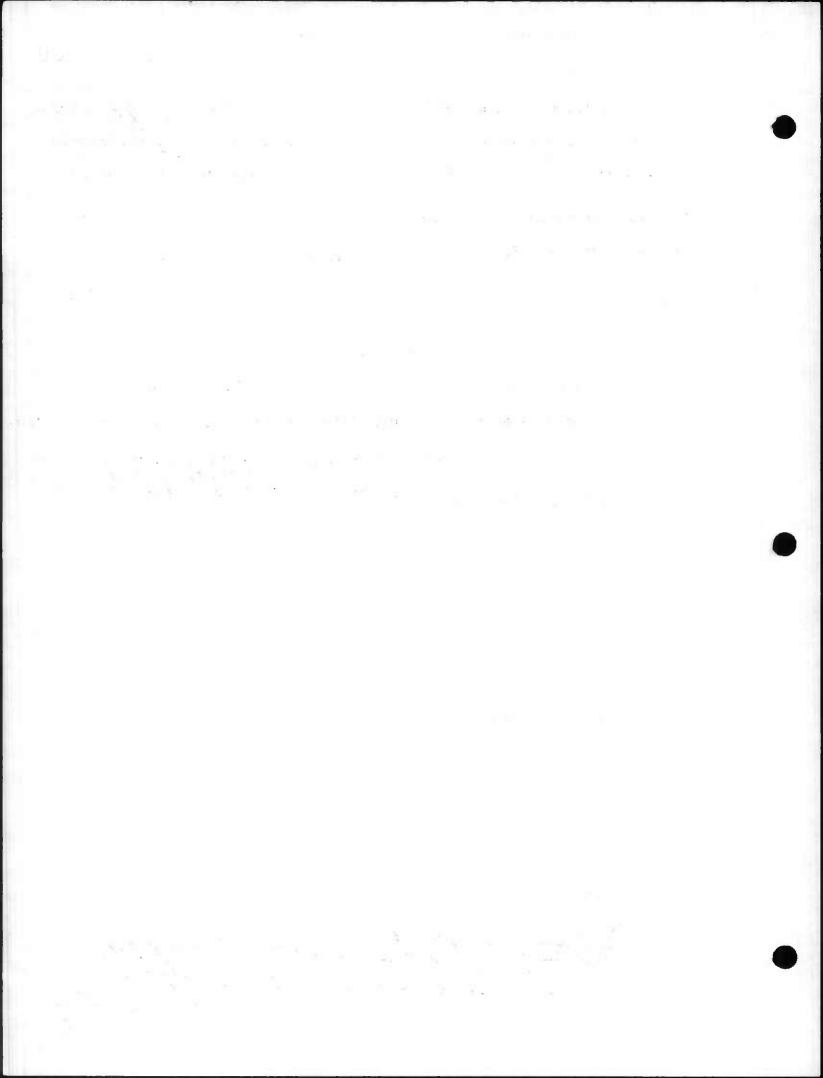
Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) **Funeral** Deys 1 M 2 N F 87 Yrs. 212-24-7292 Director 29,1908 Mary land Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours effer deeth with the Maryland need of Haath and Mental Hygiena. Interest of Haath and 27 le merked other than "natural", or items 23 a or 28-4 show any of other traumatic event, the Medical Examiner ment by notified at any other traumatic event, the Medical Examiner ment by notified at 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Washington Hagerstown DOYas 2□ No Funeral Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 226 Wakefield Road Apt B 21740 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 21215-0020 white 1 ☐ Yes 2 No Specify: Completed by 3 Widowed 4 □ Divorcad Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elamentery/Secondary (0-12) 0-12 teacher school Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Calvin Forsythe Emma M. Cole 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Lillian O. Gorton/self 226 Wakefield Road Apt B., Hagerstown, Maryland 21740 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If any Injury or once. Rest Haven Cemetery 2-21-96 Hagerstown, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Minnich Funeral Home 21. Signature of Funeral Service Licensee 415 East Wilson Blvd., Hagerstown, MD 21740 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. ntervel Between Onset and/Deeth **Physician** /Medical Immediate Ceusa (Finel disease or condition resulting in deeth) Examiner Examiner The lew requires that the death certificate be axecuted the burial-trensit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting In deeth) Lest P.O. Box 68760. Physician/Medicai 88 use be detached for Part II. Other eignificant conditions contributing to death but not asulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? á 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings eveileble prior to page 2 should Completed 24e. Was an eutopsy completion of cause of death? certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 25. Wes case referred to medicai Be 26. Place of Deeth (Check only one) axeminar? Othar: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 [ Inpatient Certification: To 1 Yes al No 2 ER/Outpetient 3 DOA this funeral 27. Mannar of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred After ! 1 Naturei 5 Pending 1 ☐ Yas 2 ☐ No Investigation deeth 2 Accident the within 24 hours efter deet To the Funeral Director: 3 Suicide 6 Could not be determined 28a. Plece of Injury - At home, farm, straat, factory, office building, etc. (Specify) Location (Streat end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 1 Certifying Phyeician: To the best of my knowledga, daath occurred et the time, dete end plece, end dua to the causa(s) and mannar es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, daath occurred at the time, dete end place, end due to the cause(s) end menner stated. 29a, Certifian Medical completely \$ 29b. Signature and the of or 29c. License number 29d. Deta signed (Month, Day, Year) who completed cause of daeth (Item 23e) (Type, Print) State

State Registrar

DHMH 16 Rev 6/95

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ng physician. the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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05851 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH Feb. 15 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1996 15, 1:00 A Bernice Lorraine GUESSFORD 8. AGE (In yrs. last birthday)
6.7 YRS. FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) Dec. 11 BIRTHPLACE (State or Foreign Country)
 Marvland 220-16-0755

	220 10 0700		07			Dec. II,	124	Har yrana	
	9a. FACILITY NAME (If not institut	tion, give street and number)	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
DIRECTOR	9 Redmen Alle	ey		Will	ington				
ត្ត 🏻	RESIDENCE OF DECED	DENT D. COUNTY	100 007	Y, TOWN OR LO	CATION			10d, INSIDE CIT	v
<u> </u>								LIMITS?	
- 11	Maryland 100. STREET AND NUMBER	Washington	I. W.	illiams				1 X YES 2	NO
≅	Control of the second				10f. ZIP CODE			OF WHAT COUNTRY?	
	9 Redmen Alle				21795			SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced	I IF YES, GIVE WAR	YES 2 XNO	If yes	DECENDENT OF HISPANIC C , specify Cuben, Mexican, Po YES 2 X NO Specify:	PRIGIN? (Specify Yea uarto Rican, etc.)		RACE — American Ind Black, Whita, atc. Specify: White	len,
COMPLETED		NT'S EDUCATION heat grade completed)	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	INESS/INDUST	RY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	IHe. Do NOT u	se retired.)	most of working				
릴	12		House	ewife		Home			
ō	17. FATHER'S NAME (First, Middle	, Last)			18. MOTHER'S NAME	First, Middle, Malden	Surname)		-
BEC		tt Poole, Sr.			Hazel M	ildred Fl	ora		
2	19a. INFORMANT'S NAME (Type/	Print)	19b. MAILING	ADDRESS (Str	et and Number or Rural Route	Number, City or Town	, State, Zip Cod	(e)	
F	Tammy Palmer		1115	51 Hope	well Rd. Hag	gerstown,	MD. 2	1740	
	20a, METHOD OF DISPOSITION	3  Ramoval from State	20b. PLACE AND DATE	OF DISPOSITION	I (Name of	DATE 20c. LO	CATION — City	or Town, Steta	
	4 Donation 5 Other (Spe		GreenTawn	Memorial	Park Feb. 16,1	996 Will	iamsport	, MD.	
- 1	21. SIGNATURE OF FUNERAL SE	ERVICE LICENSES		22. NAM	E AND ADDRESS OF FACILITY OF THE FUNERAL HO	WIT DO	Day 1121	0	
1	*//lopy	M. alaw		USB	DRINE FUNERAL FIL		Box #34	o t,_MD. 2179	-
	23. PART I. Enter The disea	ses, or complications that ca	used the death. Do	not enter the	mode of dying, such se				
	shark, or heart	failure. List only one cause	on each line.				activity occasion	Interval I	Betwesn
	iMMEDIATE CAUSE (Final disease or condition	V (la	D. Idul	manie	arran	,		Oliset av	o Death
	resulting in desth)	DUE TO (OF	AS A CONSEQUENCE O	Pi A	7			ale	5
_		Metastatic Dans Cancer)							
CERTIFICATION	Sequentisily list conditions		AS A CONSEQUENCE O	P):	1	0		1000	X-1/2
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딜	CAUSE (Disease or Injury that initiated avents	DUE TO (OF	AS A CONSEQUENCE O	)f):					
	resulting in death) LAST								
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CIAN: MEDICAL		fastate		In the under	ying causa givan in Par	t i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY AWAILABLE PRIOR COMPLETION OF	OT P
ă	- NU	rangue p				1 TYES 2	7140	OF DEATH?	CAUSE
¥	DID TOP : dog ::==	CONTRIBUTE TO CALL	/ · · · · · · · · · · · · · · · · · · ·	FC [] 110		-		1 TYES 2	NO
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	25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:	28. PLACE OF DEA	OTHER:	one)				
ΥS	1 TYES 2 TNO		N/Outpatient 3 DOA	1	Home 5 Reeldence 8				
표	27. MANNER OF CEATH  1 Neturel 5 Pen	28e. DATE OF IN. (Month, Day,		JURY	WORK?	d. DESCRIBE HOW I	NJURY OCCURI	ED	
B		stigation			YES 2 NO				
۵	3 Suicide 6 Cou	ild not be 28s. PLACE OF II building, etc.	IJURY — At home, ferm, (Specify)	street, factory,	office 26	f. LOCATION (Street a City or Town, State)	ind Number or F	tural Route Number,	
COMPLETED	- nomiciae det	-							
7	CONSULT OTHER	ING PHYSICIAN: To the best of my	knowledge, deeth occur	red at the time,	date and place, and due to t	the cause(a) and man	ner as stated.		
8	one) 2 MEDICAL	EXAMINER: On the besis of exam	ination and/or investigati	on, in my opinio	on, death occured at the tim	e, data and pleca, an	d due to the ce	use(s) end menner as	stated.
Ö W	296. SIGNATURE AND TIME OF	CERTIFIER			29c. LICENSE NUMBE	1 ×	29d. DATE \$10	GNED (Month, Day, Year	-)
m	V Has	strucke			102789	X	1 2	116196	
임	30. NAME AND ADDRESS OF PE	RSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	e, Print)	- , , , ,	V	/		
		Andrade, M.D.			adorstown M	MD 217/10			1
ļ	31. MEE FILED (Month, Day Year	320 REGIOTRAR'S	AGNATURE	JU. II	ager scowii, 1	1D. C1/40			
	31. FEB (Month, Day John	320 REGIOTRAR'S	1.1.11						

Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit is BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be

permit. Once. notified at Pe must medical examiner or removal. the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo the other traumatic event, 6 23 shows any injury, signed by t Health and certificate has been in the State Dept. of Hem . 6 with t is marked, DIRECTOR: After the hours after death w 28 Hem TO THE FUNERAL D
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If IN THE HOSPITAL ( THE FUNERAL D filed within 72 h

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE DAUNEETA CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH UMP CONCENE 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. IF UNDER 1 YEAR 7. DATE OF BIRTH 9 32 Pay. 4 DAYS HOURS YRS. Pennsylvania 9e. FACILITY NAME (If not Institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Homewood Nursing Home Williamsport Washington RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pennsylvania Huntingdon Huntingdon 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA RD 1 16652 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY Specify: 3 € Widowed 4 ☐ Divorced white COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Chim kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 0 office worker State Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harry Wallace Shaffer Lola Zingray Garner BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Victoria A. Schindel 1022 Woodland Way, Hagerstown, Md. 21742 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☼ Cremation 3 ☐ Ren 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State metery, cremetory or other place) Hagerstown Crematory 2-10-96 4 Donation 5 Other (Specify) ... Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List pnly one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) (ENA tuite DUE TO (OR AS A CONSEQUENCE OF) IN CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING nobuessi CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY SUNCHITTS ALUKICA 1 YES 2 JAMO OF DEATH? 1 ☐ YES 2 ☐ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TO NOCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 Rursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO В 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND 29d. DATE SIGNED (Mghith, Day, Year) 29c. LICENSE NUMBER 띪 INECTOV En/con 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR IRSON 11.39 FEBUANO EANOR 796 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign Country) 578-38-7327 80 May 7, 1915 Maryland 9e, FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MANYIAND LINTON PRINCE DIRECTOR HOSPITAL 10e. STATE 10c. CITY, TOWN OR LOCATION 10b COUNT 10d. INSIDE CITY Maryland Prince George's Brandywine 1 YES ZYNO 10a. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7904 Knollwood Street 20613 United States 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES XXNO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
 If yee, specify Cuban, Mexicen, Puarto Rican, atc.)
 The Yes Town Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried Specify. BY 3 Wildowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 18h KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Auditor Income Taxes IRS 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harry C. Swann Margaret Dyson 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mary Wallach 7904 Knollwood Street, Brandywine, MD 20613 20a METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Near Feb 17, 1996) 20c. LOCATION - City or Town, State cemetery, cremetory or other place) Washington National Cemetery Suitland, Maryland 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc 6633 Old Alexandria Ferry Rd, Clinton, Md 20735 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failura. Liat only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition m TH resuiting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF that initiated eventa resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO INCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?
1 YES 2 NO HOSPITAL: OTHER:
4 | Nursing Home 5 | Raeldence 8 | Other (Specify) Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 2 Accident 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcida 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end manner ee stated. (Check only one) MEDICAL EXAMINER: On the basis of exemination and/or investigation. In my opinion, death occured at the time 29d. DATE SJGNED (Month, Day, Year) BE 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITS 32. REGISTRAR'S SIGNATURE FULL D'AUGUST RANGEL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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N: The	cate	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,
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STATE OF MARYLAND / DEP	ARTMENT OF HEALT	H AND MENTAL HYGIENE
CERT	IFICATE OF DEA	ATH REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	,	YEAR	3. TIME OF DEATH
	C	HARLES I GI	RANDERSON			FFR 13 190		TEAR	16:04 n M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		Country	PLACE (State or Foreign
	230-09-5059	1 ☑ M 2 □ F	74 YRS.	MONTHS DAYS	HOURS MIN.	AUG. 3 192	21   9	,	H CAROLINA
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNT		
5	ANNE ARUNDEL MEDI	CAL CENTER		ANNAPO	LIS		ANNI	E AR	UNDEL
	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
5	MARYLAND ANNE	ARUNDEL	ANN	APOLIS					1 X YES 2 NO
7	10e. STREET AND NUMBER			- 10	1. ZIP CODE		10g. CITIZE	EN OF W	HAT COUNTRY?
	28 LINCOLN PARKWA				21401			US	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YE	I IN U.S. ARMED S 2 NO			IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 1	4. RACE Black	- American Indian, White, atc.
-	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2X NO Specify			Specif	у:
5	15. DECEDENT'S EDU	1939-190 JCATION	18a. DECEDENT'S U	ISUAL OCCUPATI	ON	16b. KIND OF BUS	INESS/INDU		ACK
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		ork done during m					-0.1
	12th	0	CAB DRT	VER		ANNAPOLI	CAI	R CO	MDANV
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden S		- 00	
	JOHN W. GRAN	DERSON			MARY EI	PPS			5.4
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, City or Town	, State, Zip C	Code)	
-	THELMA GRANDERSON		28_LIN	COLN PA	RKWAY_AN	NAPOLIS. MI	214	401	
	20a. METNOD OF DISPOSITION 1   ↑ Burlel 2 □ Cremation 3 □ Rem	noval from State	Ob. PLACE AND DATE Of	or niecei			CATION - CI	,	
	4 Donation 5 Other (Specify)		IARÝLANĎ VI			2/21/96 CR	OWNSV	ILL	E, MD.
	~ /		20		& SONS	MORTUARY, I	PA.		
	+ Harry	J. Nee				ANNAPOLIS,		2140	1
	23. PART I. Enter the diseases, or abook, or heart failure.	complications that caus	ed the deeth. Do no	ot enter tha m	ode of dying, suc	h aa csrdisc or respir	retory srre	st,	Approximats Interval Batween
	IMMEDIATE CAUSE (Finsi			1.		,			Onest and Death
	disesse or condition resulting in death)	. +sche	MIC CO	rdio	nyopati	14			6 years
		DUE TO (OR A	S A CONSEQUENCE OF	1	Larosi	1_			/
5	Sequentially list conditions,	DUE TO JOH A	A CONSEQUENCE OF	194050	Larosi	2			UHK,
ξ	if sny, leading to immediata cause. Enter UNDERLYING	200000							į .
<u> </u>	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	):					
	resulting in death) LAST	d							
3	PART II. Other algnificant condition	ns contributing to death	but not regulting in	the underivir	o cause given in	Part i. 24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
3		Hyper	touscon			PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC		77				1 TYES 2	NO		OF DEATN?
- 1	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH YES	S 🗆 NO [	UNCERTAI	NX			1 169 2 100
TOICIAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATI						
5	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/O	utpetient 3 🗆 DOA	OTHER: 4 Nursing No	ne 5 Raaldenca	8 Other (Specify)			
	27, MANNER OF DEATN	28a. DATE OF INJUR (Month, Day, Yea.			JURY AT ORK?	28d. DESCRIBE NOW IP	JURY OCCI	JRED	
	2 Accident Free Investigation			M 1 🗆	YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJU building, atc. (S	RY — At home, larm, at pecify)	treet, factory, offi	Ce	281. LOCATION (Street a City or Town, State)	nd Number o	or Rural R	loute Number,
	111239								
MT.	enel const	BICIAN: To the best of my kn							
3	2 MEDICAL EXAMIN	IER: On the beele of examina	tion and/or investigation	i, in my opinion,	death occured at the	time, date and place, en	d due to the	canse(s	) end menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	R/1/			29c. LICENSE NU	MBER CO	29d. DATE	SIGNED	(Month, Day, Year)
	crans /	V, Kinz			100	ソレ8	rre	0.1	4,1996
	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF	MD 20		J. 1 D.	Λ	1.	- 1	1D 7 1001
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	CHATURE	שניו כט	gical 11	KWY, IT MIN	apoll	5, 1	VID 71401
	FEB 22 1996	Ja ba Marchar	Parkett			-	•		
	NN 1330	Acres to second							

3. TIME OF DEATH

YEAR

REG. NO.

2. DATE OF OEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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MARIAN A. GORMAN FFRRIIARV 199 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 TF 12/22/17 578-12-6077 Washington, permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR DOCTORS COMMUNITY HOSPITAL LANHAM-SFARROOK PRINCE GEORGE! S CO 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY 1 X YES 2 NO Maryland Prince George's Washington 10a. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? use as the burial-transit 7000 Muir Dr. 20744 USA hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxicen, Puarto Rican, stc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES X NO Specify 3 Widowed 4 Olvorced BY White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12th 101 College (1-4 or 5+) Management Restaurant 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 20 te Jenny Juliano Dario notified director, page 5 should 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James R. Pizza same as item 10 pe 20s. METHOD OF DISPOSITION
1 Surfel 2 X Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata must Metropolitan Crematory 2/13/96 Alexandria, Va. George P. Kalas Funeral Home medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE clas 6160 Oxon Hill Rd. Oxon Hill, Md. filled in by the figure, or removal, 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Daeth **IMMEDIATE CAUSE (Final** Arrythmia cremation, event, the disease or condition Ventricular and completely fi o burial, cremation resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Cardiomyopath traumatic CERTIFICATION Sequentially list conditions, 10 if any, leading to immediate cause. Enter UNDERLYING attending physician intal Hygiene prior to ag certificate CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 the atten Mental H injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL Health and PERFORMED? AVAILABLE PRIOR TO amy 1 YES 2 NO COMPLETION OF CAUSE Shows 1 YES 2 NO has been s Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 23 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL DR ATTENDING PHYSICIAN: The this certificate h HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCUREO 28c. INJURY AT WORK? marked. 1 Natural 5 Pending 1 YES 2 NO L DIRECTOR: After the hours after death vitem 28 is mark BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29s. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the heat of examination ender impreciation in the course of the course o TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 POR IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITKE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D26230 D 2/13/96 Kahlen 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27, (Typo, Print) NAWGAL KATIKINEN 1 6405 Kenilwo Kenilworth 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) **DHMH-16 Rev 1/89** 

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

and the same of the same

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Date of Deeth Month 1. Decedent's Neme (First, Middle, Last) **Physician** Gebreanfale 62291 epruary. /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner PRINCE GEORGE HOSPITAL CHEVERLY PRINCE GEORGE If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Deys Hours 1 X M 2 □ F 45 Yrs. Director 577-08-3220 ERITREA Usuel Residence of Decedent the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Madical Examiner must be notified at 1 Yes 2 No Directo HYATTSVILLE PRINCE GEORGE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò items 23a 20782 3527 56TH STREET e filed within 72 hours efter death all Hygiene.
other than "natural", or items 23 Funeral ERITREA 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ② No if Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No ģ 3 Widowed 4 Divorced BLACK Completed 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) SELF EMPLOYED CAB DRIVER 11TH permit. Pages 1 and 2 should be file Department of Heath and Mental Hy Important: if flem 27 is marked other any injury or other traumatic event once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be BELAI GHEBREAMLIA 2 ABEBA WELDEMUSIE 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3250 QUEENSTOWN DRIVE #101 MT. RAINER, MD 20712 ZEMEHERET KINFE-COUSIN 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete FEB 21 96 ASMARA, ERITREA FAMILY CEMETERY 4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility W.H. BACON FUNERAL HOME INC. 3447 14TH STREET, N.W. WASH, D.C. 20010 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of) physician a the burial Box 68760 Physician/Medical Due to (or es e consequenca of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed peen 2 1 No certificate 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 25. Wes case referred to medical exerciser? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) Lo 1 Yes 2 No 1 Inpatient 2 PER/Outpetient 3□ DOA this funeral 28a. Dete of Injury (Month, Dey Year) 27. Manne of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? After 1 Neture 5 Pending 1 ☐ Yes 2 ☐ No death. Investigation 2 Accident the within 24 hours efter deat To the Funeral Director: 6 Could not be determined 3 Suicide 28f. Location (Streef and Number or Rurel Roufe Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 2 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only one) 29b. Signeture and title of cartifier 29c. License number th (Item 3e) (Type, Print) 31. Dete filed (Month, Dey, Year) 32. FJ6 strer's Signeture State FEB 15 1996

**DHMH 16 Ray 6/95** 

Registrar

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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** FEBRUARY\_2, KATHY 1996 /Medical 4 00PM 4a. Facility Nama (ff not Institution, give straat and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** PRINCE GEORGE HOSPITAL PRINCE GEORGE CHEVELY If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 7. Aga (fn yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 1□ M 21 F Days Yrs. 35 Director 577-88-6515 60 WASHINGTON, D.C FEB 8 Usuai Rasidence of Decedant the Meryland 10a. Stata 10b. Count 10c. City, Town or Location 10d. Insida City Limits I be filed within 72 hours efter death with the Meryle nital Hygiena.

ed other than "naturel", or items 23s or 28s4 shows of other than "naturel", or items 13s or 28s4 shows event, the Mexical Examination of t 28a-1 show N☐ Yas 2 ☐ No Directo BLADENBURG PRINCE GEORGE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 20712 6011 EMERSON STREET Funeral U.S.A. 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ②No If Yas, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Rican, etc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 X Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: BLACK 3 Widowed 4 Divorced Completed 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grade complated) Eiamantery/Secondary (0-12) Coilege (1-4or 5+) DOCTOR'S OFFICE CLERK 11TH 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Surname) 12 should be fill h end Mental H Is marked off Be ROBERT GREEN P traumatic LUANNE HARRIS 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) permit. Peges 1 and 2 Department of Health e Important: If item 27 is sny injury or other trae 615 PARK ROAD, N.W. WASHINGTON, D.C. 20010 LYNETTIE WILLIAMS 20b. Place of Disposition (Nama of comatary, cramatory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 Cramation 3 ☐ Removai from Stata FEB/10/96 ARLINGTON, VA. NORTHERN VIRGINIA CREM. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funarai Şejvice Licensee 22. Name and Addrass of Facility W447 BACON STREET, N.W. WASH, D.C. 20010 276 23a. Part1. Entar tha disaasa, or complications that ceused tha death. Do not enter tha moda of dying, such as cerdiac or raspiratory arrest, shock, or haart feilure. List only ona causa on aach lina. Approximete intarval Betw Onset and Death **Physician** /Medical Immediata Causa (Final disaesa or condition rasulting in death) Examiner Dua to (or as a consequence of): Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immediata ceusa. Entar Undarlying Ceusa (Diseesa or injury that initiated evants rasulting in death) Last due to (or as a consequence of): physician s the burial Box 68760 Physician/Medical Dua to (or as a consaquance of) Part II. Other algnificant conditions continuing to death but not require in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? P.O. 408 2□ No 3 Probably 4 Unknown by Division of Vital Records. 24b. Wara autopsy findings aveileble prior to completion of ceuse of daath? 24a. Was an autopsy performed? Completed 1 ☐ Yas 2 ☐ No or Attending Physician: certifica 25. Was cesa referred to medicei axeminar? Be 26. Piaca of Death (Check only one Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) Certification: To 1 Yas NO No Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death Data of injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Time of 28c. injury et Work? After Naturai 5 Panding 1 ☐ Yas 2 ☐ No 2 Accidant invastigation after deeth Director: / 6 Could not be dataminad 3 Suicide 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of injury - At homa, farm, street, factory, office building, atc. (Specify) In by 4 - Homicida 24 hours a Certifying Physician: To the bast of my knowledga, daath occurred at tha time, data and place, and due to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, data and place, and due to the ceusa(s) 29e. Certifier To the Hosp To the Fune completely fi Medicai (Check only one) and mannar statad. 29c. Licanse number 29d. Date signed (Month, Day, Year) 29b. Signatura and titia of certifian res 30. Name and agdress of person who complated ceusa of daath (Itam 23a) (Type, Print) CATAVENIS, 3001 HOSPITAL DRIVE, CHEVELY, MD 20784 32. Registrar's Signature 31. Data filed (Month, Day, Year) State

DHMH 16 Rsv 6/95

Registrar

FOR 1 - STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	Elsie Ha	st. Middle, Last) rris								2. DATE	1 , D/	6 1	996	3. TIME OF DEATH
	4. SOCIAL SECURITY NUI	MBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH			LACE (State or Fore
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CTOR		ion Hospital Middletown									Ceci1			
ш	10e, STATE	10b. COUN	TY		10c. CI	TY, TOWN (	OR LOCAT	TION	_				T	10d. INSIDE CITY
DIR	DE	New	Castle		War	wicl	<							LIMITS?
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BE	19e. INFORMANT'S NAME	(Type/Print)		10	b. MAILIN	G ADORES	S (Street )				ber, City or Tow			
2	Rose Mar													21912
	20e. METHOD OF DISPOS	SITION	mount from State	20b. PLACE				ame of		OAT	E 20c. LC	CATION —	City or Tow	rn, State
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	21. SIGNATURE OF FUNE	NAL SERVICE	TIP 1	/11		T1	NAME A	HOUS	SS OF FA	f Wr	right	Mor	tuar	·v
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State of Maryland / Department of Health and Mental Hygiene

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Director		210-04-0911	12XM 2□ F		Yrs.	Months Deys	nours	November	21, 1970	Kenit Co	ce (State or Foreign
Maryland a-f show	tor	Usual Residence of Decedent  10e. Stete 10b. County  Maryland Kent		10c. City, Tow						100	d. Inside City Limits 1 ☐ Yes 2 No
vith tha	Funeral Director	10e. Street end Number		The second second		10f. Zip Code			10g. Citizen of		
leath v	eral	25345 Lovers Lane	12. Was Decedent E	ever in U.S.	13. W	21620	Hispanic Ori	nin? (Specify Yas or I	United	State ca - Amaricar	
and 21215-0020  be filed within 72 hours after death with the Maryland hat Hygiene.  dictive than "natural", or Nems 23s or 28s-f show event, the Medical Everning must be notified at	by	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Armed Forces?  1  Yas 2  Armed Forces?  If Yes, Give Yaar or Detes:			res, specify Cub ☐ Yes 2 No	Specify:	gin? (Specify Yas or I i, Puerto Rican, etc.)	Bie Specif	ck, White, at	c.
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VISION Of VICE Attending Physician: ar death. ector: After this carlific by the funeral director,	atlon	1 Naturei 5 Panding investigation	(Month, Dey		njury	28c. Inju Wo M 1 □	rk? ]Yas 2⊡I		NA	160	
To the Hospital or Attending Physician: The law within 24 hours after death.  To the Funeral Director: After this cardificate has completely filled in by the funeral director, page 2	Certification:	3 Suicide 6 Could not be determined		ry - At home, fa . (Specify)	rm, stree	t, fectory, offica			(Street end Numbown, Stete)	ber or Rural F	Route Number,
n 24 hour ne Funer plataly fill	edical	29e. Certifier Check only one) Certifying Ph	ysician: To the best of ninar: On the basis of and menner stet	examinetion an	deeth o	ccurred et the ti stigetion, in my d	me, dete en opinion, dee	d place, end due to the	e cause(s) end mo e, dete end pleca,	ennar es stet end due to ti	ed. ne cause(s)
withi To th	¥	29b. Signatura and titla of certifier	0	110		29c. Licans	sa number	2.1	29d. Date signe	1-1	ay, Year)
		augh	man	FUIL		PZ	011	35	02/03	3/96	
10		30. Name and address of person who Angela Brown, MD,	completed cause of de 22 S. Gree	ene Str	eet,	Baltim	ore, M	Maryland	21201		
Sta Regista		31. Dete filed (Month, Dey, Year) FEB 9 '96	32. Registre	r's Signeture avidson-A	andell	20				14	

The same of the second of the

DIRECTOR

BE COMPLETED BY FUNERAL

2

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE 2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended to the common of the c	IO HE FUNEXAL, DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR		STATE OF M	ARYL					HEALTH F DEAT		MEN	ITAL HYG		E		
1. DECEDENT'S NAME (First	, Middle, Last)								-	2, [	DATE OF DEAT	гн			3. TIME OF DEATH
George V	Vicke:	rs Holl:	ing	swor	th,	Jr					IONTH 1	1.0		YEAR	8:30 A M
4. SOCIAL SECURITY NUM		5. SEX	_	'In yrs. lest			ER 1 YEAR	IF UNDER	24 HRS.		eb. 1,		196	A. BIRTI	HPLACE (State or Foreign
215-20-12	290	<u>₩</u> XM 2 □ F		84	YRS.	MONTH	B DAYS	HOURS	MIN.		worth, Day, You 12 Vol. 12 Vol	,	911	Count	aryland
9a. FACILITY NAME (If not in	nstitution, give s	treet and number)				9b. Cl	TY, TOWN	OR LOCATIO	ON OF DE		ury -	.,		NTY OF C	
Heron Po:	int					Ch	nest	erto	wn					Ke	nt
RESIDENCE OF DEC	CEDENT														
10e. STATE	18b. COUNTY	Y			10c. CIT	Y, TOWN	OR LOC	ATION							10d. INSIDE CITY
Maryland	Kei	nt			C	hes	ster	town							LIMITS?  TYE YES 2 NO
10e. STREET AND NUMBER							1	Of. ZIP CODE					10a, CIT	IZEN OF	WHAT COUNTRY?
2011 Hero	on Po	int						21	620						S.A.
11. MARITAL STATUS  1 Never Married 2   3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 X N		1:	If yes, s			n, Pu	RIGIN? (Specifierto Rican, atc		or No—		E — American Indian, k, White, atc. White
15. DEC	EOENT'S EDU	CATION completed)			CEDENT'S			ION lost of working			16b. KIND O				
Elementary/Secondary (0		College (1-4 or 5 +	,	life.	ach	e retired	l.)	iost or workin	g		Quee				County
17. FATHER'S NAME (First, M	liddle, Last)							16, MOTH	IER'S NA	ME (F)	irst, Middle, Mi				
George V:	icker	s Hollin	ngsv	wort	:h,	Sr.					ld Pr				
Colin P. Ann H Mo	Moll:	ingswort	h 8		MAILING						Number, City o				21620 n, Md.
20a. METHOD OF DISPOSIT  16 Surial 2 ☐ Cremetic  2 ☐ Donation 5 ☐ Other	n 3 🗆 Rem	oval from State	20b cem	PLACEA	ND DATE	of bised	OSITION (A	emet	Fel	b.	24°, 19°9	. 100 6	ation –	City or To	11, Md.
21. SIGNATURE OF SUMERA	ES KI	Hille	M	2 in		F	ell	OWS,	s of FA	fe.	nbein	1 8	Ne	wna	m Funeral . 21623
23. PART I. Enter the d ehock, or h IMMEDIATE CAUSE (Fir disease or condition	eert fellure.	List ofly one caus	e on e	ech line.		ot ente	er the m	ode of dyle	ng, suci	h as	cerdiac or r	reapir	atory sr	reat,	Approximate Interval Batween Onset and Death
Grandae or Condition	_	1/2 1 / 2/	k-	110	0 .		1.0								4

resulting in death)	8	DUE TO (OR AS A CONSEQUENCE OF):			04CCK
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	<b>S</b> b	DUE TO (OR AS A CONSEQUENCE OF):			3 May 14
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	DUE TO (OR AS A CONSEQUENCE OF):			
PART II. Other significant con	ditione co	ntributing to deeth but not resulting in the underlying ceuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED?	AVA	FRE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? м

1 Natural 2 Accident Pending Investigation 1 YES 2 NO 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined 4 Homicide

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one)

basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

1 YES 2 NO

196. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
led - St - Mu	N 12224	Feb. 2.1996

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

John C. Seymou	c,MD;	22	Speer	Road;	chester town,	Ma.
FEB 2 96	32. REGISTRAR	is sign	Midson-Par	dell		

OF DEATH? 1 TES 2 NO

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

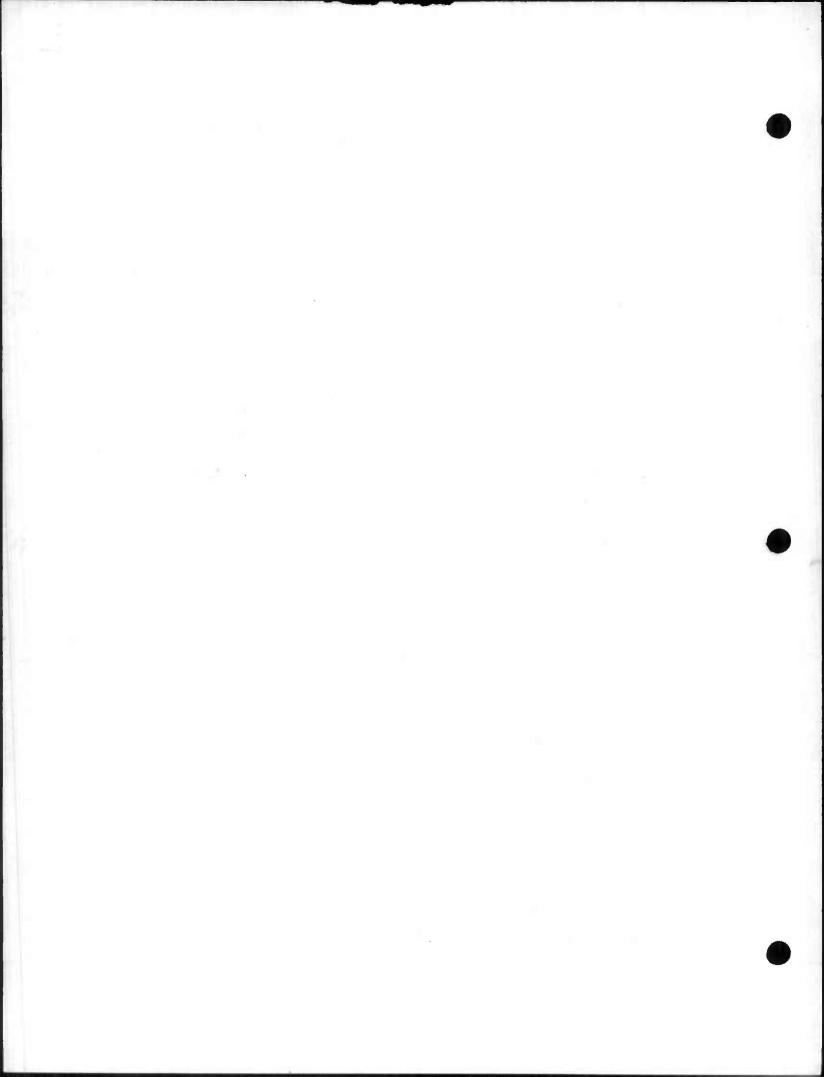
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTN CERTIFIC			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Midd	le, Last)	02//////	7112 01	DEATH.	2. DATE OF OBATH		3. TIME OF DEATH
HARRY	FRED	HANSEN			February 5,	1996	3:15 Pm
4. SOCIAL SECURITY NUMBER	100000		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRT	HPLACE (State or Foreign
109-20-4492	1 😡 M 2 🗌 F	6 / YRS.			June 21,1928	Ne	w York
9e. FACILITY NAME (If not institution	E-001017 CILC 01111			R LOCATION OF DE	EATH	9c. COUNTY OF	
RESIDENCE OF DECEDE			Ber1:			Worce	
	COUNTY		OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Worcester	Ве	rlin	ZIP CODE		10- CITIZEN OF	1 YES 2 X NO
	Circle, Ocean P	ines	101	21811		USA	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS OECEDENT EVER	IN U.S. ARMED			IIC ORIGIN? (Specify Year	or No.— 14. RAC	E — American Indian,
1 Never Married 2 K Merri	od FORCES? 1 X YES			cify Cuben, Mexica 2∑ NO Specifi	n, Puerto Rican, etc.)		ck, White, sic.
3 Widowed 4 Divorced		I				Wh	ite
	T'S EDUCATION est grade completed)	16a. OECEDENT'S USI (Give kind of work life, Do NOT use re	done during mo.	N st of working	16b. KIND OF BUSI	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Broker	cired.)		Brokerag	e Firm	
17. FATHER'S NAME (First, Middle,		Broker		18. MOTHER'S NA	ME (First, Middle, Maiden S		
Fred	Hansen			Ingeb		- Larse	n
19e. INFORMANT'S NAME (Type/Pr	int)	19b. MAILING AD	DRESS (Street a		Route Number, City or Town,	State, Zip Code)	
Evelyn Hansen		117 C	amelot	Circle,	Berlin, Md	21811	
20e. METHOD OF DISPOSITION 1 Durial 2X Cremetion 3		Db. PLACE AND DATE OF D		ma of	DATE 20c. LOC	ATION — City or 1	Town, State
4 Donation 5 Other (Spec	lly)	Salisbury	Cremat	ory	S	alisbur	y, MD
21. SIGNATURE OF FUHERAL SEP	WICE AICENSEE			D ADDRESS OF FA	neral Home		
Distro (	A. (homas	O.O.			ll Rd., Sal	ishurv	MD 21801
IMMEDIATE CAUSE (Finel disesse or condition reaulting in desth)	s. OUE TO (OR AS	MONTEQUENCE OF):	Br W	th ne	Justasis-	to Bru	Interval Between Onset and Death
Sequentielly list conditions, if sny, lesding to immediste ceuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF):  A CONSEQUENCE OF):					
	onditions contributing to deeth				PERFORM  1 TYES 2	AED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 VNO
	CONTRIBUTE TO CAUSE			UNCERTAI	иПГ		-1
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (	THER:	J			
1 YES 2 NO	1 ☐ Inpettlent 2 ☐ ER/Ou  28a, DATE OF INJURY				6 Other (Specify)  28d. DESCRIBE HOW IN	ILIBA OCCUBEO	
1 Natural 5 Pendi	(Month, Day, Year)		WO	RK?	200. DESCRIBE NOW IN	JOHY OCCURED	
3 Suicide 6 Could	28e, PLACE OF INJUI	RY — At home, larm, atre- ecify)	et, lactory, offic		281. LOCATION (Street or City or Town, Stete)	nd Number or Rura	Route Number,
onel	IG PHYSICIAN: To line best of my kno EXAMINER: On the basis of examinat						(e) and manner ee stated.
30. NAME AND AUTHORS OF THE	(green)	WD MEATH JATEM 27) (Type, PV	int)	D-3	5764	1 2/	7/960
21. DATE FILED (Month, Day Mear)	Gree 3	15cm	Shee	1 /	Solin,	nd 2	811
FEB 08		ar Randall					

SIGIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	F FUNERAL ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and comple	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cre-	IANT: It item 28 is marked, or item 23 shows any injury, or other traumatic even
THE OT	TO THE	be filed	IMPOR

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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF C	DEATH		3. TIME OF OEATH
	WILLIAM J	HUESMAN, S	R.			MONTH FEBRIIA	RV 7 1	996	1:43 P M
		A STATE OF THE PARTY OF THE PAR		F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF B	ARTM	8. BIRTI	IPLACE (State or Foreign
	217 22 0 137	1 <del>▼</del> M 2 □ F 68	YRS.	ONTHS DAYS	HOURS MIN.	DEC. 3	1927	BAL	IMORE, MD.
~	9a. FACILITY NAME (If not institution, give stre	et and number)			LOCATION OF DE	ATH		UNTY OF D	
DIRECTOR	THE JOHNS HOPKINS	HOSPITAL		BALTIMO	RE CITY		BA	LTIM	ORE
E	10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATIO	ON				10d, INSIDE CITY
		SSEX	BET	HANY BE	ACH				1 TES X NO
FUNERAL	10e. STREET AND NUMBER			101.	19930		10g. CI	USA	WHAT COUNTRY?
Ne l	#3 ARGYLE COURT	12. WAS DECEDENT EVER IN	II C ADMED	10 1110 0505					
	1 Never Merried 2 Married	FORCES? 1 YES	2 XNO	If yes, spec	NDENT OF HISPAN cify Cuban, Mexican 2 LNO Specify	n, Puerto Ricen		Blac	E — American Indian, k, White, etc.
В	3 Widowed 4 Divorced	W 1ES, GIVE WAN ON ON	123	1 TYES	X Specify			Spec	WHITE
	15. OECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16a. DECEDENT'S US (Give kind of wor	k done during most		16b. KIN	D OF BUSINESS/II	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	BREW			BEEF	RBREWIN	G	
MO	17, FATHER'S NAME (First, Middle, Lest)		DICEM	EK	18. MOTHER'S NAI	MF (First Middle	Meiden Sumame	1	
	CLAUDE J. HI	JESMAN				KELLEY			
) BE	19e. INFORMANT'S NAME (Type/Print)				d Number or Rural F				
2	TERRY ANN SCORDO		# 3 A	RGYLE CO	OURT, BE	THANY	BEACH, D	ELAWA	RE 19930
	20a. METHOD OF DISPOSITION  1		PLACEAND DATE OF			0ATE /8/96	FRANKFO		
	21. SIGNATURE OF FUNERAL SERVICE LICE			22, NAME AND	ADDRESS OF FAC	CILITY		,	
	· At state	Der			ON FUNER KFORD, I				
	23. PART I. Enter the discesses, or co	mplications that caused	tha death. Do not	antar the mod	a of dying, auci	h as cardisc	or reapiratory s	errest,	Approximate
	IMMEDIATE CAUSE (Final	at only one cause on as	ion into.						Interval Between Onset and Daath
	disease or condition resulting in death) a.	HERANC WIE	eding						18 hours
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	Liver Absces	CONSEQUENCE OF):						72 hours
CAT	cause. Entar UNDERLYING CAUSE (Disease or Injury	Acute Reno	1 Failure						18 hars
H	that initiated events	•	CONSEQUENCE OF):						
EH	d.	Acute levil	MIL						on year
AL C	PART ii. Other algnificant conditions	contributing to death be	ut not reaulting in	the underlying	cause given in	Part I, 24a	. WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
200						10	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME									1 TES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI				UNCERTAIN	N 🔼			
20		HOSPITAL:		OTHER:					
HYS	1 VES 2 NO 27. MANNER OF GEATH	1 Onpatient 2 ER/Outp	etlent 3 DOA 4		5 Residence		ecify) BE HOW INJURY O	CCUREO	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF	M 1 Y	HK?				170
D BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atro	eet, factory, office		281, LOCATIO	N (Street and Numl wn, State)	ber or Rural	Route Number,
COMPLETED	4 Homicide determined					ony or no	wit, diate)		
12	(Orlock Only	IAN: To the best of my knowl	edge, death occurred	at the time, date	and place, and due	to the cause(a	) and menner as s	ntated.	
Š	2 MEDICAL EXAMINER	: On the basis of examination	and/or investigation,	In my opinion, de	ath occured at the	time, data and	place, and due to	the cause	a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUR		29d. D.	ATE SIGNE	D (Month, Day, Year)
TO B	Kelly Heb Intern				N4487		<b>▶</b> F	ebruar	7,1996
	30. NAME AND ADDRESS OF PERSON WHO Kelly Gabo JHH.		-	^	altinore.	MD 3	120		
	31. OATE FILED (Month, Day, Year)	601 North Wal	ATURE 1040	110 13	all hore,		1902		
	FEB 0 9 1996	32. REGISTRAR'S SIGN	rhandall						
		1/							



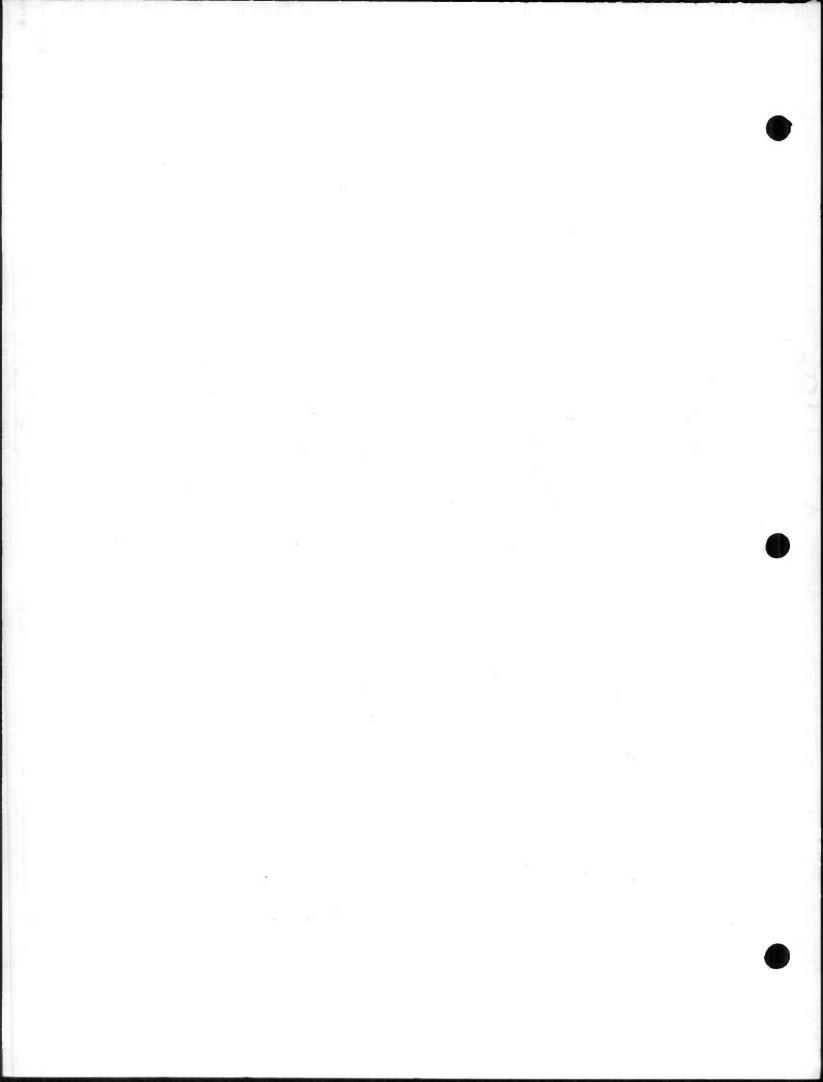
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ITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TIDE: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MAR		ENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) Charles Patrick Hood			2. DATE OF DEATH PONTH FEDRUARY	ľ8, 1996	3. TIME OF DEATH 9:05 p. M		
	214 32 9077 1XI M 2 I F	O YRS.	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 8, 1	L935 VA	THPLACE (State or Foreign ntry)		
TOR	90. FACILITY NAME (If not institution, give street and number)  Southern Maryland Hospita RESIDENCE OF DECEDENT		Clinton	EATH	Prince	George's		
DIRECTOR	10a. STATE 10b. COUNTY  MD Calvert	10c. CITY, TO Dunki	own or location			10d. INSIDE CITY LIMITS? 1 YES 2(X) NO		
FUNERAL	100. STREET AND NUMBER 12191 Cavalier Drive		101. ZIP CODE 20754		10g. CITIZEN OF	WHAT COUNTRY?		
BY	t1. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS OECEDENT EVER FORCES? 1 1 V Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 2 X NO Specifi	in, Puerto Rican, etc.)	Blo	CE — American Indien, ack, White, etc.		
COMPLETED	ts. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)		done during most of working ired.)	16b. KIND OF BUS				
COME	17. FATHER'S NAME (First, Middle, Last)	Truck I		Transt ME (First, Middle, Melden		n - Food		
BE	Worley James Hood  190. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural	A Lee Moore Route Number, City or Town				
5	Mary Theresa Hood	Same as	s 10 above	DATE 20c. LO	CATION — City or	Town State		
		Southern Me		2-22-96 Dun				
	Michael Phy	31	Rausch Funer			MD 20736		
	25. ART Enter the diseases, or complications that call shock, or heart fellure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	n eech line.	of TIFE			Approximate interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
MEDICAL C	PART II. Other significant conditions contributing to deel  SIP CARCINOMA OF R	h but not resulting in the	he underlying ceuse given in	Part I. 24e. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t yes 2 No		
AN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL	OF DEATH YES	NO UNCERTAL	N 🗆				
PHYSICIAN:	EXAMINER? HOSPITAL:	Outpetient 3 DOA 4 PRY 28b. TIME OF	THER: Nursing Home 5 Residence F 28c. INJURY AT	8 Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURED			
ED BY F	1 Natural 5 Pending 2 Rocident Investigation 3 Suicide 8 Could not be	JRY — At home, farm, stree	M 1 YES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
PLETE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my k	nowledge, death occurred a	t the time, dats and place, and due	to the csuse(s) and mar	nner ss stated.			
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examin		n my opinion, death occured at the	time, dats and place, an		e(s) and manner as stated.		
TO BE	29h. SIGNATURE AND TITLE OF CENTIFIER		D/2	706	29d. DATE SIGN	ED (Month, Day, Year)		
	20. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF LIKE AND ADDRESS OF PERSON ADDRESS OF PERSON AND ADDRESS OF PERSON ADDRESS OF PERSON ADDRESS OF PERSON ADDRESS OF PERSON ADDRESS OF PERSON ADDRESS OF PERSON ADDRESS OF PERSON ADDRESS OF PERSON ADDRESS OF PERSON ADDRESS OF PERSON ADDRESS OF PERSON ADDRESS	8926 W	OODYARD RI	O CLIN	TON H	no 20735		
	31. DATE FILED (Month, Day, Year)  FEB 21 1996  Julia Ditu	CLUSA-RANGELL.						



ined by the hospital or attending physician.

ould be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed withm 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PIT	ER4	in 7	
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포	7	pa	OR
0.11	IT 0	e fil	A P
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	1 - FOR STATE REGISTRAR		STATE OF MARYL		EPARTMEN TIFICAT			MENTAL	HYGIEN	E ,			
	1. OECEDENT'S NAME (First,	Middle, Last)							OF DEATH			3. TIME OF DEAT	н
	LAURA	S.	HUDSON					FEBRI	JARY 1		PEAR 96	11:50	Ам
	4. SOCIAL SECURITY NUMB	SER 5.	SEX 6. AGE (	'In yrs. lest biri		R t YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHP	LACE (Stete or Fo	
	215-38-1017 9a. FACILITY NAME (# not in.		M 2 X F	92	YRS. MONTHS	2042	HOURS MIN.	APRI	L 27,	1903 DELAWARE  9c. COUNTY OF GEATH			
DIRECTOR	The second secon	10516 BISHOPVILLE ROAD				SHOPV				WORCESTER			
	10e. STATE	10b. COUNTY		10	Dc. CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
5	MARYLAND	WORCE	STER	I	BISHOPV	TLLE						1 X YES 2	NO
A	10e, STREET AND NUMBER					101	ZIP COOE			10g. CITIZE	N OF W	HAT COUNTRY?	
FUNERAL	10516 BISHOR	PVILLE R	OAD			2	1813			USA			
5	11. MARITAL STATUS	12	. WAS DECEDENT EVER II		) 13		ENDENT OF HISPA			or No — 1	RACE -	- American India	n,
	1 Never Merried 2		FORCES? 1 YES				2 NO Speci		ticen, atc.)		Specify	White, stc.	
BY	3 Widowed 4 Divo	rced					Λ.					WHITE	
	15. DEC (Specify only	EDENT'S EDUCATI y highest grade con	ON spleted)	(Give k	ENT'S USUAL	during mo		16b.	KIND OF BUS	INESS/INDU	TRY		
	Elementary/Secondary (0	)-12) C	College (1-4 or 5+)	life. Do	NOT use retired.	)							
COMPL	5			HOM	TEMAKER				OWN				
8	17. FATHER'S NAME (First, M.						16. MOTHER'S NA			Surneme)			
BE	DANIEL SHOCK	CLEY					SARAH J	ANE I	EVANS				-11-
0	19e. INFORMANT'S NAME (7)	ype/Print)		0.555			nd Number or Rural				,		
-	BETTY H. SCO			105	16 BIS	HOPV	ILLE RD.	, BIS	SHOPVI	LLE, N	D.	21813	
	20e. METHOD OF DISPOSITI	ION on 3 🗆 Removal	from State 20b	PLACE AND	DATE OF DISPO	SITION (No	me of	DATI		CATION — CI			
	4 Donation 5 Other			BISHO	PVILLE		_		1/96	BISHOL	VIL	LE, MD.	
	21. SIGNATURE OF FUNERA	L SERVICE LICENS	D 1		23	. NAME AI	D ADDRESS OF FA	CILITY					
	1 Chan	la le	Hart		В	ASTT	IGS FUNE	RAT. H	OME. 9	SELRYV	TIII	E. DE	1997
HIIFICATION	sequentially list conditions, ff sny, leading to immediate cause. Enter UNDERLYING  Sequentially list conditions, ff sny, leading to immediate cause. Enter UNDERLYING  Due to (or as a consequence of):  Due to (or as a consequence of):												
HILL	CAUSE (Disease or Injuthat Initisted events resulting in death) LAS	*	DUE TO (OR AS A	CONSEQUE	NCE OF):								
CE	PART II. Other significe	ont conditions c	potributing to death b	ut not rear	ulting in the	ındərlyin	cours alves In	Dart I	24a. WAS AN	AUTOBEV	Loub	WERE AUTOPSY FI	NO IN IOR
CAL	- Vallet significa	Concretions	billiouting to death b	out not resu	ating in the	indertylli	Couse given in	Pert I.	PERFOR	MED?		WARLABLE PRIOR COMPLETION OF C OF DEATH?	то
MEDIC										,		1 TES 2	10
	DID TOBACCO U	SE CONTRIB	UTE TO CAUSE O	F DEATH	YES 🗆	NO [	UNCERTAI	N 🗆					
¥.	25. WAS CASE REFERRED TO EXAMINER?			26. PLACE O	F DEATH (Chec	k only one)							
200	1 YES 2 NO		OSPITAL:  Inpatient 2 ER/Out	patient 3 🗆	DOA 4 N		e 5 MResidence	6 🗆 Othe	r (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		26e. DATE OF INJURY (Month, Day, Year)	21	8b. TIME OF INJURY	28c. IN.	URY AT RK?	28d. DES	CRIBE HOW I	NJURY OCCU	RED		
>		Pending Investigation	(World, Day, roal)		M	1 🗆							
28e PLACE OF INJURY — At home form street factory office. 28f I OCATION (Street and Number of Dr.						Runal Ro	oute Number,						
ETED	4 Homicide	datermined											
MPLE	29e, CERTIFIER 1 CERT	TIFYING PHYSICIA	N: To the best of my know	rledge, death	occurred at the	time, date	end plece, end du	e to the cau	ree(s) end mer	nner ee stated	l.		
<u>∑</u>	anal	ICAL EXAMINER:	On the basis of examination	on end/or Inve	stigation, in my	opinion, o	eath occured at the	e time, date	end place, an	d due to the	ceuse(e)	end menner ee s	leted.
8	290. SIGNATURE WHO TITLE	of complete	1				29c. LICENSE NU	MBER		29d. DATE	SIGNED /	(Month, Day, Year)	
BE	Jally	1 Non	lin.	4.	)		CIDDA	720	149	<b>&gt;</b> -	> 11-	2196	
2	30. NAME AND ADDRESS OF	F PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 2	7) (Type, Print)		CIVUL	12			- [ ]	1	70
	Sally	H DE	while	MD	PO 1	30x	329	15	Will	Come	58	+ Selbi	Who
	31. DATE FILED (Month, Day,		32. REGISTRAR'S SIGN	ATURE									
	FFR 12	2 1996	Elaba Davelson	PANA	46								

principal de la company de la company de la company de la company de la company de la company de la company de continued the more part

OTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit.	De inde Within 12 1, 10, 10 and in the State Upp. Or regulation wented by the prior to build, cretivation.	WFUNIANI. II IRIN 28 IS MARRED, UT IREM 23 SHOWS ANY INJUTY, OT OTHER UZUMBAIC EVENT, THE MEDICAL EXAMINET MUST DE NOTTHED AT ONCE.
TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTO	De med Within /2 hours an	IMPURIANT IT ITEM 2

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)			<u> </u>	DEATH	2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH	
	Edna Hammond					Feb. 8, 1	996	1053 A. M	
9	222-05-1393	1 □ M 2¥EXF	n yrs. last birthday) 33	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/31/1912	r) Country)		
æ	90. FACILITY NAME (If not institution, give stre Atlantic General H	et and number) ospital			R LOCATION OF DE	EATH	9c. COUNTY O		
5	RESIDENCE OF DECEDENT		P	erlin			Worce	ester	
DIRECTOR	Maryland Worces	in the state of th				10d. INSID LIMIT: 1  YES			
FUNERAL	100. STREET AND NUMBER 9803 Hotel Road				ZIP CODE 21813		OF WHAT COUNTRY?		
BY FUN	11, MARITAL STATUS  1 🔀 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPAN Helfy Cuben, Maxica 2 NO Specify	NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.)	or No — 14. R	USA  or No— 14. RACE — American Indian, Black, White, atc.  Specify: Black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)	18a. DECEDENT'S U (Give kind of wo life, Do NOT use	ork done during mos	SUAL OCCUPATION rk done during most of working				
릴	6		laborer			nursery	(agric	ulture)	
BE CO	17. FATHER'S NAME (First, Middle, Last) William Hammond				18. MOTHER'S NA Evelyn	ME (First, Middle, Maiden S Jacobs	Surname)		
2	19a. INFORMANT'S NAME (Type/Print)  Irene Blake	·	9754 H	otel Ro	ad, Bish	Route Number, City or Town	d • Zip Code)	313	
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremetlon 3 Remov 4 Donation 8 Other (Specify)		PLACEAND DATEOR	er place)		DATE 20c, LOC 2/13 Bis	ATION — City of		
	21. SIGNATURE OF PUHERAL SERVICE LICER		7al Golde	22. NAME AN	D ADDRESS OF FA	CILITY			
	23. PART I. Entar the diseasea, or co	Walson	I the death De se			-		, Delaware	
	ahock, Dr haart failura. Li IMMEDIATE CAUSE (Final disease Dr condition	st only pna causa pn as	ach Ilna.	t enter tha mo	de or dying, auc	n as cardiac or respir	atory arrest,	Approximate Interval Between Onset and Death	
ł	resulting in dasth) a.	DUE TO (OR AS A	CONSEQUENCE OF					hours	
NO O	Sequentially list conditions,  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):							has	
RIFICATION	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated exects  DUE TO (OR AS A CONSEQUENCE OF):								
CERTI	that initiated eventa resulting in daath) LAST	DUE TO (OR AS A	CONSEQUENCE OF)						
AL C	PART ii. Other significant conditions	contributing to death be	ut not resulting in	tha underlying	cause given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS	
MEDIC						PERFORI		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
Σ	DID TODACCO USE CONTRI	DUTE TO CAUSE O	F DEATH WE		/			1 TES 2 NO	
AN	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED DO MEDICAL		E DEATH YES		UNCERTAIN	1			
HYSICIAN:		HOSPITAL:		OTHER:	5 Rasidence	6 Other (Specify)			
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	RK?	28d. DESCRIBE HOW IN	JURY OCCURED		
3	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, sti	eet, factory, office	1	28f. LOCATION (Street all City or Town, State)	nd Number or Rut	ral Route Number,	
MPLE		AN: To the best of my knowledge. On the basis of examination						main's and manner as stated	
22	296 SIGNATURE AND TYTLE OF CENTIFIER	0	-		29c. LICENSE NUM			NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO				UY JE	2/6	P 21	8/16	
	Beshir Toulemat, M			I Hospi	tal, Ber	lin, Md.	21811		
	FEB 12 1996	Jahn Danelia	ATURE MINISTER						

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68769

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

	REGISTRAR			ERIIF	ICALE	_OF	DEAL	H		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, La  DONALD BRUC	E HECK					1		2. DATE OF MONTH	ary 8			3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214–34–9510	5. SEX 1  M 2  □ F	6. AGE (In yrs. la	et birthday) YRS.	MONTHS	MONTHS DAYS HOURS MIN. (MONTH, Day, 1687) Coun						Country	PLACE (State or Foreign y) yland
TOR	9a. FACILITY NAME (If not institution, gits 16934 Shady Brockers)  RESIDENCE OF DECEDENT						town	N OF DE	EATH			shing	
DIRECTOR	10e. STATE 10b. COU	hington			y, town o		ION						10d. INSIDE CITY LIMITS?
7	10e. STREET AND NUMBER			Tide	JCISC	_	. ZIP CODE			_	10n CIT	IZEN OF W	1 YES 2 X NO
FUNERAL	16934 Shady Br						2174	0			U.S	5.A.	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	1 1	f yes, sp	ENDENT OF	, Mexica	IIC ORIGIN? (! n, Puerto Rici /:	Specify Yes in, atc.)	or No-	14. RACE Black Specif	- American Indian, White, etc.
	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	(0	ECEDENT'S Sive kind of v	vork done o	CUPATIO	ON st of working	7	16b. KI	ND OF BUS	INESS/INC		
COMPLETED	10 yrs.	College (1-4 or 5 +	) [	oicer	,				0	rgan	Mfg.		
WO	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	ER'S NA	ME (First, Mide	_			
BE C	Bruce H. Heck								L. B		,		
0	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street e	nd Number	or Rural F	Route Number,	City or Town	, State, Zip	Code)	17225
-	Pamela J. Foote	n						Pit					17225 tle,Pa.
	20a. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  R  4  Donation 5  Other (Specify)	emovel from State	20b. PLACE	emetory or of	ther place!			2 10		20c. LOC			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	IRESTH	<u>aven</u>	Ceme 22. I	LEL	D ADDRES	S OF FA	CILITY	Hage	ersto	wn M	aryland
	> 1 ) printo	N. VI	10.		Do	ugla	as A.	Fie	ery Fu	neral	. Hon	ie	.Md. 21742
	23. PART LEnter the diseasea or complications that carsed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death  Approximate interval Between Onset and Death  Due to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. SIMO King DUE TO (OR AS A CONSEQUENCE OF):  E + U + - 15 m  DUE TO (OR AS A CONSEQUENCE OF):  d.												
EDICAL (	PART II. Other algorificant condit		death but not i	resulting i	n the un	derlying	cause gl	lven in		PERFORI	WED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CON	TRIBLITE TO CA	ISE OF DEA	TH VE	C 121 N	10 F	UNCE	DTAIN					1 TYES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL			CE OF DEAT			OIACE	KIAII					
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 Res	ildence	8 Other (S	pecify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, Da	INJURY ly, Year)	26b. TIMI		_	JRY AT RK?	NO	28d. DESCR	BE HOW IN	JURY OC	CURED	
	3 Suicide 6 Could not 1 4 Homicide determined	ome, ferm, s	treel, facto	ory, office			281. LOCATIO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		YSICIAN: To the beat of ax											end menner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIL	FIER					29c. LICEN	-			29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	MO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)		0	396	33			19	96
		otomac SI	, Hag	1	dun	1	10	2	174	0			
	+ L.B. 160 (3.1998.01)	2. REGISTRA	SIGNATURE										

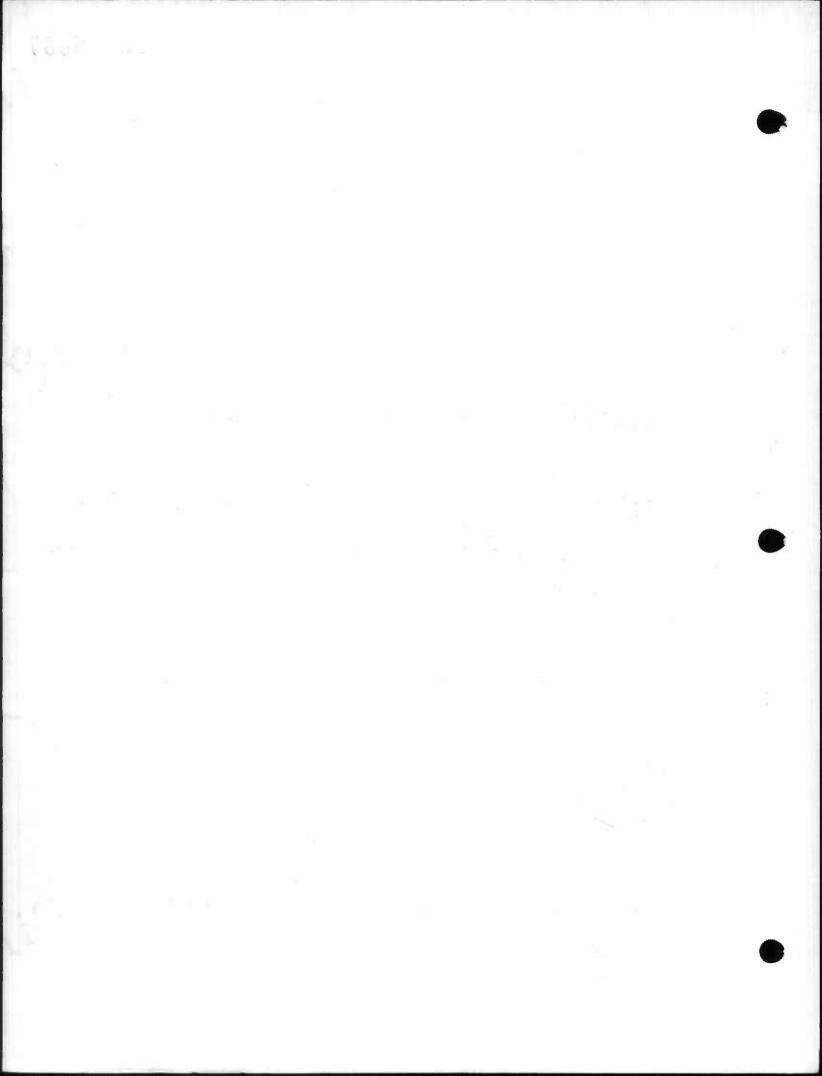
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALLIMORE, MARTLAND 21213-0020	within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Citizen of VIIAL RECORDS, F.O. BOX 88/80	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic e

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedio i nan			CENTIF	ICATE	OF DE	чп	H	IEG. NO.			
	1. DECEDENT'S NAME (First, M							2. DATE OF			3.	TIME OF OEATH
	Marquerit	e Virginia	3	Нe	im			ıarv	y 9,1996 6:20 p m			
	4. SOCIAL SECURITY NUMBER			rrs. last birthday)	IF UNDER 1 Y	EAR IF UNE	ER 24 HRS.	7. DATE OF F	MRTH			ACE (State or Foreign
- 4	214 00 2400	1 □ M 2 😾 F		YRS.		IONTHS DAYS HOURS MIN. (Month, Day, Year) Country)						
	214-09-2409 9a. FACILITY NAME (If not instit	4.6		September 21,1900 Vir								
~		,			9b. CITY, TO	OWN OR LOCA	TION OF DI	EATN		9c. COUN	TY OF DEAT	Н
Ö	Avalon Man			Hag	ersto	wn			Was	hing	ton	
5	RESIDENCE OF DECE											
DIRECTOR	10a. STATE	Ob. COUNTY		10c. CIT	Y, TOWN OR	LOCATION					10	d. INSIDE CITY LIMITS?
ā	Maryland	Washington		Had	gersto	wn					1	YES 2 NO
7	10e. STREET AND NUMBER					10f. ZIP CC	DE			10a. CITE		T COUNTRY?
FUNERAL	355 Toffor	son Street				2174	10					
Z	11. MARITAL STATUS	12. WAS DECED	5AIT 51/50 #1/1								S.A.	
리	1 Never Married 2 X Ma	FORCES?	1 YES	2 NO	13. WAL	s DECENDEN	of HISPAI ban, Mexica	NIC ORIGIN? (S	pecify Yea 1, atc.)	or No —	14. RACE Black, W	American Indian, hita, atc.
Æ	3 Widowed 4 Divorce	I IF VES OIV	WAR OR DATE	S	t 🗆	YES 2 N	O Specifi	y:			Specify:	
												White
Ш	(Specify only h	ENT'S EDUCATION ighest grade completed)	16	(Give kind of	work done duri	IPATION ng most of wor	king	16b. KIN	D OF BUS	INESS/IND	USTRY	
<b>W</b>	Elementary/Secondary (0-12	College (1-4 or	5+) M	iin. Do NOT ui ail Ord		orde		(1)		1 .		
₽ I	6 years		1.1	all Ol	ser Cr	erk		CI	nemic	car C	'ompan	У
COMPLETED	17. FATNER'S NAME (First, Midd	lle, Last)				18. MC	TNER'S NA	ME (First, Middle	e, Maiden S	Sumame)		
	Edward S. S	biker					Emma	Crabie	2]			100
BE	19a. INFORMANT'S NAME (Type		_	19b. MAILING	ADDRESS /S	treet and Numi		Route Number, C		Conta Tin	Codel	
2	Helen Spiker											
	20a. METHOD OF DISPOSITION						et .	Hagers				
	1 - Burlal 2 - Cremation	3 Anmoval from State	cemeta	ACE AND DATE	ther place!			DATE			City or Town,	
	4 Donation 5 Other (S)		- Mt.	Olive	. Ceme	tery 2	2-12-	1996	Frde	rick	.Marv	land
	21. SIGNATURE OF FUNERAL S	SERVICE LICENSEE			22. NA	ME AND ADDI	ESS OF FA	CILITY				
	D / /m.	March St	· .		Do	uglas	A. F	iery Fu	mera	al Ho	me	
	1/000	March All	My		1133	1 East	ern	Blvd. 1	Worth	Hag	ersto	wn.Md.
	23. PART I. Enter the dise	rt fellure. List only one o	het claused the	ne death. Do i n line.	not enter th	e mode of c	ying, suc	h as cardiac	or respir	atory arre	est,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final		7									Onset and Death
	disease or condition resulting in death)	- /	35008	r Con	CON							140
l	resulting in Gaatrij	DUE		ONSEQUENCE O	C B-							1//
-												
CERTIFICATION	Sequentially list condition		TO (OR AS A CO	ONSEQUENCE O	F):							
A	If any, leading to Immedia cause. Enter UNDERLYING	G .										
은	CAUSE (Disease or Injury that Initiated events	C	TO (OR AS A CO	ONSEQUENCE OF	51:							
Ē	resulting in death) LAST		(0	, , oe o oe o	,,.							
<b>声</b>		d										
31	PART II. Other significant	conditione contributing	to deeth but	not regulting	In the unde	riving ceus	given in	Part I 24s	. WAS AN	urmeev	245 WE	RE AUTOPSY FINDINGS
EDICAL	0	encle Der	107.	^	the onde	ilying coust	given in	Part 1. 244	PERFORI		AM	AILABLE PRIOR TO
ă		mue sor	enge	1				10	YES 2	HO		MPLETION OF CAUSE DEATH?
ME											1[	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO A	MEDICAL				26. PLACE OF	DEATH (Ch	eck only one)				
8	EXAMINER?	HOSPITAL:	□ EP/Outnotic	mt 2 🗆 DOA	OTHER.		Market -					
¥ I	27. MANNER OF DEATH	26a. DATE		28b. TIM		c. INJURY AT	riesidence	6 Other (Sp				
	1 Natural 5 Per	(Month	, Day, Year)		URY	WORK?	O 444	28d. DESCRIE	BE HOW IN	JURY OCC	URED	
À		estigation				YES 2	□ NO					
		nig not pe priligit	of INJURY — og, atc. (Specify)	At home, term,	street, fectory	offica		28f. LOCATIO City or To	N (Street a	nd Number	or Rural Route	Number,
	4 Homicide det	armined							,			
7 1	29a. CERTIFIER	YING PHYSICIAN: To the best	of my knowledg	a death accura	nd at the time	data and ala						
Σ												version more asset
COMPLETED		L EXAMINER: On the basis o	ABITIMETRON BE	mor investigation	mi, in my opin	run, death occ	ured at the	time, data and	placa, and	dua to the	cause(a) an	d manner as stated.
BE	296. SIGNATURE AND TITLE OF	F CERTIFIER	/			29c. Li	CENSE NUI	MBER		29d. DATE	SIGNED (MC	onth, Day, Ybar)
	1	( Chut	20			D	44	996		DF.	ch 12	, 1996
2	30. NAME AND ADDRESS OF P	ERSON WHO COMPLETED C	NUSE OF DEATH	(ITEM 27) (Type	Print)	1		/ / -			-	
	ZAFAR MA	ERSON WHÓ COMPLETED CI	LARD	ens R	D I	SOONS	BOR	D ME	21	7/3		
∦	31. DATE FILED (Month, Day, Yea	y) 22: 050mm	RAR'S SIGNATU	ins								1-7
	FEB 1 4 550		nan a alunalu	Jnc.								
	- 2											
	1 CD T	V										



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Then the flowers after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	SINIE UT MANTE	AND / DEPART CERTIFIC	MENT OF H	EALTH AND M	IENTAL HYGIENI	E					
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATN		3. TIME OF DEATN				
Maynard E	Benjamin Her	nderson			February		96 8:15 p <sup>M</sup>				
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.4	BIRTHPLACE (State or Foreign				
156 12 6964  9s. FACILITY NAME (If not institution, gir	% Street and number)	O YRS.		DAYS HOURS MIN. J. Dey. Year) 1909 Country) MD. TOWN OR LOCATION OF DEATN Sc. COUNTY OF DEATN							
Reeders Nursi RESIDENCE OF DECEDENT 100. STATE 10b. COU Maryland W	ng Home		Boons	sboro			nington				
10e. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCAT	TON			10d. INSIDE CITY				
	ashington		Boons				LIMITS?  1 X YES 2 NO				
100. STREET AND NUMBER  141 S. Main St  11. MARITAL STATUS  1. Never Marriad 242 Marriad			101	. ZIP CODE		11.5	OF WHAT COUNTRY?				
141 S.Main St	12. WAS DECEDENT EVER			21741			SA				
	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexican,	C ORIGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.				
3 Widowed 4 Divorced	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify: Specify: Bl										
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 7 17. FATHERS NAME (First, Middle, Last)		16a. DECEDENT'S US	SUAL OCCUPATION HE done during mo	ON st of working	16b. KIND OF BUS	INESS/INDUST					
Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	Ille. Do NOT use i	retired.)	at or working	0						
/		Labo	orer		Const		on				
17. FATHER'S NAME (First, Middle, Last)  Daniel Benjam	in Henderso	n			E (First, Middle, Maiden S ancy Graf						
100 INFORMANTIS NAME (To - Original	In henderso		DDDEER (Common or								
Richard P. He	nderson		$0 \times 107$		oute Number, City or Your						
20e. METHOD OF DISPOSITION	201	b. PLACE AND DATE OF				CATION - City					
1 Suriel 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) _	amoval from Stata Car	netery, crematory or othe reenlawn	r nlecel				sport, MD.				
21. SIGNATURE OF FUNERAL SERVICE		/		ID ADDRESS OF FACI			neral Home				
* Mromer	- G. 1/8/	tr	24 1/1	Pothol (			n, MD. 21740				
disease or condition resulting in death)  a. Lung Lann DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	с						S. Meeting				
if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	cDUE TO (OR AS /	A CONSEQUENCE OF):	the underlying	g ceuse given in P	Part I. 24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO				
PART ii. Other aignificent condit	c DUE TO (OR AS /	out not resulting in	Ø NO □		PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
PART ii. Other aignificent condit	d.  DUE TO (OR AS A description of the second of the secon	out not resulting in  DF DEATH YES  28. PLACE OF DEATH	NO [		PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
PART ii. Other aignificent condit	DUE TO (OR AS A d	DUT NOT RESULTING IN  DEPTH OF DEATH YES  26. PLACE OF DEATH  Petient 3 □ DOA	NO (Check only one)	UNCERTAIN  5 □ Residence 6	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO				
DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS / d	out not resulting in  OF DEATH YES  26. PLACE OF DEATH	(Check only one) OT HEFT: Nursing Homo Nursing Homo W	UNCERTAIN  5 □ Residence 6	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO				
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PART II. Other aignificent condit	DUE TO (OR AS A DATE TO CAUSE CONTRIBUTE TO CAUSE CONTRIBUTE TO CAUSE CONTRIBUTE TO CAUSE CONTRIBUTE (Morth, Day, Year)  28e. PLACE OF INJURY (Morth, Day, Year)	DEATH YES  26. PLACE OF DEATH  28b. TIME (INJURY)  7 — At home, tarm, strectly)	(Check only one)  OTHER:  (Check only one)  OTHER:  Nursing Hom  OF  28c. INJ.  WO  1	UNCERTAIN  5 G Residence 6  WRY AT  RK?  TES 2 G NO  and place, end dus to	PERFORI  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)  o the cause(a) and menume, date and place, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
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DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending 1 Investigation 3 Suicida 8 Could not 1 4 Homicide detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO CAUSE OF DE DUE TO (OR AS A DUE TO CAUSE OF DE DUE TO (OR AS A DUE TO CAUSE OF DE DUE TO (OR AS A DUE T	DEATH YES  26. PLACE OF DEATH  28b. TIME ( INJUR  7 — At home, tarm, strectly)  redge, death occurred an and/or investigation,	(Check only one)  OTHER:  (Check only one)  THER:  Nursing Hom  Nursin	UNCERTAIN  5 G Residence 6  WITH AT RK?  FES 2 G NO  and place, end due to eath occured at the till  29c. LICENSE NUMB  D 3 2 5 1 6	PERFORI  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)  the cause(a) and mentione, date and place, and  BER	NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 VES 2 NO  Ural Route Number,  Use(e) and manner as stated,  SNED (Month, Day, Year)				
DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicida 8 Could not in detarmined 4 Homicide detarmined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF CERTIFIER WHAT  30. NAME AND ADDRESS OF PERSON  ROBERT GUEDEN	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO CAUSE OF DE DUE TO (OR AS A DUE TO CAUSE OF DE DUE TO (OR AS A DUE TO CAUSE OF DE DUE TO (OR AS A DUE T	DEATH YES  28. PLACE OF DEATH  28b. TIME ( INJUR  7 — At home, term, strectly)  reledge, death occurred in and/or investigation,  EATH (ITEM 27) (Type, Properting Land	(Check only one)  OTHER:  (Check only one)  THER:  Nursing Hom  Nursin	UNCERTAIN  5 G Residence 6  WITH AT RK?  FES 2 G NO  and place, end due to eath occured at the till  29c. LICENSE NUMB  D 3 2 5 1 6	PERFORI  1 YES 2  Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)  the cause(a) and mentione, date and place, and  BER	NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  Ural Route Number,  use(e) and manner as stated.  SNED (Month, Day, Year)				

1996 YEAR

9c. COUNTY OF DEATH

Carroll

10g. CITIZEN OF WHAT COUNTRY?

USA

Specify:

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 1 NO

White

Approximate Interval Between

Onset and Death

Tis Almo

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

Maryland

6:00 P

2. DATE OF DEATH

16,

Feb

FOR STATE REGISTRAR

1, DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

2 0 1996

Ruth Elisabeth Hartman

5. SEX

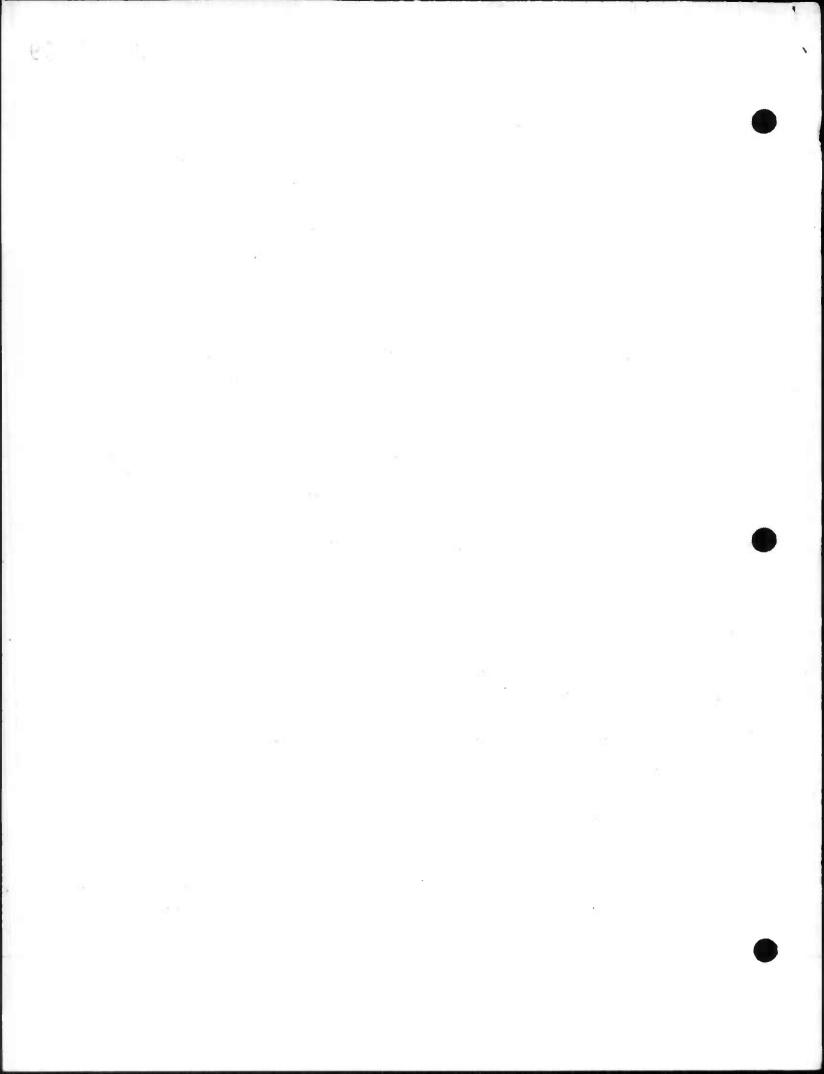
6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH Day. 220-36-5304 1 M 2 X F 90 DAYS HOURS Feb. YRS 1906 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 4119 Hillcrest Avenue Hampstead DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10a STATE 10c. CITY, TOWN OR LOCATION Carroll Maryland Hampstead 104 STREET AND MIMDER FUNERAL 101. ZIP CODE 4119 Hillcrest Avenue 21074 burial-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced use as the 18e. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) E funeral director, page 5 should be detached for Elementery/Secondary (0-12) College (1-4 or 5+) COMPL 12 Accounting University Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Charles Bayrle Freda Niederhauser notified at 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)
13 Bowie Court, Rockville, MD Marion Anderson e 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 1 Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) Carroll Cremations 2/19 Hampstead, MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main St. Hampstead, MD 21074 the 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and completely filled in by burial, cremation, or remo shock, or heert failure. Liet only one ceuee on each line. **IMMEDIATE CAUSE (Finel** theroseleratic cardiovasoulan di seaso the disease or condition resulting in death) other traumatic event. DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leeding to immediate cause. Enter UNDERLYING signed by the attending physician realth and Mental Hygiene prior to CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in desth) LAST 6 Injury, PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? ) rabeter Hollilier shows any 1 TYES 2 THE Her Revenion been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: has be OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate I hours after death with the State HOSPITAL: OTHER: 1 | YES 2 | 10 1 Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ( Mesidence 8 ☐ Other (Specify) 9 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 28 4 Homicide COMPLET Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. TO THE HOSPITAL TO THE FUNERAL IS be filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner ea stated. 29) SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE hitadle D18 200 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NACIANNA 700 A pode Rd westning CHITRACHEDU

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

					Certific	ate of	Death		Reg. No.	
Dhysia	ion	1. Decedent's Neme (First, Middle, L.	ast)					2. Dete of Dee		3. Time of Death
Physic /Medi		Richard Daniel						2	16 9	6 11 pm
Exami	ner	4a. Facility Neme (If not institution, gi					4b. City, Town, or i	Location of Deeth		
	Н	Carroll County (		-			Westminst		Carrol	
Funeral Director			Sex 7. Ag	ge (In yrs. last bir 74	Yrs. Mont	hs Deys	Hours Min.	8. Date of Birt (Month, De Nov. 28,	y, Year)	Birthplece (State or Foreig Country) Pennsylvania
and w		10e. Stete 10b. County		10c. City, Tow	n or Location					10d. Inside City Limits
Maryl Fed &	Ď	MD Carroll		Taney	cown					1 ☐ Yes 2% No
or 28e	Director	10e. Street end Numbar			10f.	Zip Code			10g. Citizen of Who	et Country?
23e	ia	3960 Baptist Road				21787			U.S.A.	
d within 72 hours effer death with the Maryland jiens. r than "naturel", or items 23s or 28s-f show to Maricel Examiner must be notified at	by Funeral	11. Merital Stetus  1 □ Never Merried 2 ☑ Merried 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 XYes 2 If Yes, Give Year or Detes:				dispento Origin? (S an, Mexicen, Puert Specify:	pecify Yes or No- o Rican, etc.)		Americen Indien, White, etc. Caucasian
72 ho	Completed	15. Decedent's 8	Educetion rade completed)	16e.	Decedent's I	Jsuei Occup work done	petion during most of wor d)	rking	16b. Kind of Busin	ness/Industry
within ena.	Jdmo	Elementery/Secondery (0-12)	College (1-4or		ilding				Corrornm	ant
e filed al Hygie other vent, E		17. Fether's Neme (First, Middle, Las	1	Du.	Liaing	THSPE		ne (First, Middle,	Governme Meiden Sumeme)	enc
d be entai	o Be		ltibridle				Flora		maker	
shoul mark mark	70	19e. informant's Neme/Reletionship		19b	. Meiling Add	ress (Street			er, City or Town, St.	ate, Zip Code)
nd 2 oith a 27 io		Helen S. Heltibri	dle/ Wife		_					
f Hee f Heem othe		20e. Method of Disposition			Disposition of the cremetory	Neme of	noau,	Dete	20c. Location - Cit	ly or Town, State
ent o nt: If I		1 Surlei 2 ☐ Cremetion 3 I 4 ☐ Donetion 5 ☐ Other (Spec						2-20-96	Keymar,	MD
permit. Peges 1 and 2 should be filed Department of Heelih and Mental Hyg Important: If Item 27 le marked othe any Injury or other treumatic event, 2002.		21. Signeture of Funerel Service Lice		negovi			ess of Fecility		ricjiidz,	
Depa Impos any is		D. Kein Skil	20		Skile	s Fur	eral <sub>2</sub> Hom	9, 136 E	E. Baltim	ore St,.
Physician		23a. Part1. Enter the disease, or cor shock, or heart feilure. List only	npilcetions thet cause y one cause on eech i	d the death. Do i ne.	not enter the	mode of dyli	ng, such es cardied	or respiretory er	rrest,	Approximete Interval Between Onset and Death
Medical Examiner		immediete Ceuse (Finel diseese or condition	. CAR	CINON	1A (	OF L	LUNG			4 mos.
LAGIIIIICI	l,	resulting in deeth)	0.	Due to (or es e						
ed isit	ie e	_	ı b							
ifficate be assocuted g physician and as the burial-trensit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying		Due to (or es a	consequence	of):				
siclar buri	edicai	thet initieted events	C	Due to (or es e	CORROGUEROS	αδ\·				-
\$ 0 a	Medi	resulting In deeth) Lest		D00 t0 (01 65 6 t	onisequence	or).				1
attendin	Physician/M		d							
the death by the atter ached for u	sici	Pert ii. Other significant conditiona	contributing to death b	ut not resulting li	the underlyl	ng ceuse giv	ven in Pert i.	23b. Did 1	tobacco use contr	bute to the cause of deat
v requires that tha death cer been signed by the attendir should be detached for use	by Phy	NON INSULIN	DEPENDE	NT 3	DIABE	TES	MELLITU		¥es 2□No 3	☐ Probably 4 ☐ Unkno
law requires that as been signed b a 2 should be dete	Completed	ATHEROSCLERO	TIC CO	RONARY	1 HE	ART	DISEASE		en eutopsy med?	24b. Were autopsy finding evalleble prior to completion of cause of deeth?
The ate h	Con							101	res 20 No	1 ☐ Yes 2 ☐ No
ertific ector,	Be	25. Wes cese referred to medical examiner?	1			l au		eth (Check only o	nne)	
ding Physicien: h. After this certific funeral director,	tion: To	1 ☐ Yes 2 ☑ √ 0  27. Menner of Deeth 1 ☐ Neture 5 ☐ Pending 2 ☐ Accident investigation	Hospitel: 1 1 Inpatie	rv 28b. 1	itpetient 3 Fime of njury	28c. inju	ry et		dence 6 Other now injury occurred	
To the Hospital or Attending Phy within 24 hours eiter death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	2 Accident Investigation 3 Suicide 6 Could not lead to determine determined	be 28e. Place of in	ury - At home, fe c. (Specify)				28f. Location (S City or Tox	Street end Number vn, Stete)	or Rural Route Number,
To the Hospital within 24 hours of To the Funeral ( completaly filled	edical C	29e. Certifier 1 Certifying Processing (Check only one)	hysician: To the best miner: On the basis o end menner st	f examinetion en	, deeth occur d/or investige	red et the tir tlon, in my c	me, dete end plece opinion, deeth occu	, end due to the	ceuse(s) end mann dete and plece, end	er as ateted. I due to the ceuse(s)
5 5 6 0	Me	29b. Signature end title of certifier	/			29c. Licens	se number		29d. Dete signed (	Month, Dey, Year)
O E	-				_					
with To t		16	10/	P1	mo	7	7/6/5		2/16/	91
To with		30. Name and address of person who	completed ceuse of c	leeth (Item 23a)	(Type, Print)	Do	0 1663	,	2/16/	96
To to To to Com		30. Name and address of person who	completed ceuse of o	leeth (Item 23a)	(Type, Print)		01663			

01.1

BALTIMORE, MARYLAND 21215-0020	eath certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician	attending physician and completely filled in by the funeral director was a charitely he deteched for use or the hardeless
AND 2	the hospital	detached for
MARYL	retained by	6 church ha
MORE,	age 6 may be	director name
BALTI	after death. F	by the funeral
	Pours	ly filled in I
68760,	pecuted with	and complete.
, P.O. BOX 68760,	certificate be e	fine physician
0	eath	affend

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DECEDENT'S NAME (First, MASSe, Last)  HARMON  4, SOCIAL SECURITY NUMBER  5, SEX  1	REGISTRAR	CERTIF	ICATE OF DEATH	MENTAL HYGIENE REG. NO.								
MARY A RAYON 0. Sec. 20. A. SEC (17) is not himself or freeze the control of the	1. DECEDENT'S NAME (First, Middle, La			2. DATE OF DEATH								
214-26-55-35  10 M 2 M 7 M 2000 M 20	MARY A	HARMON										
21. ACCUPTION OF DEATH  SE PORTUNATION OF PORTUN  SE PORTUNATION AND SOCIETY OF DEATH  SE PORTUNATION OF DEATH  SE PORTUN OF D	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)		. 7. DATE OF BIRTH	8. BIRTNPLACE (State or Foreign							
Security Made (in a lending), the server and number of participation of pa	214-26-5535	1 □ M 2 \(\text{\text{Y}}\) F \(\text{58}\) YRS.	MONTHS DAYS HOURS MIN.		Country)							
THE PRICE AND NUMBER  1. MARGINE STRATUS  1. MANDEL	9e. FACILITY NAME (If not institution, gir	ve street and number)	96. CITY, TOWN OR LOCATION OF		OUNTY OF DEATH							
THE PRICE AND NUMBER  1. MARGINE STRATUS  1. MANDEL	PENTINSIII.A REGIO	NAL MEDICAL CENTER	SALISBURY	Wic	COMICO							
THE PRICE AND NUMBER  1. MARGINE STRATUS  1. MANDEL	10a. STATE 10b. COU	INTY 10c. CI	TY, TOWN OR LOCATION		10d. INSIDE CITY							
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T. Individual Companion   Description   De	100. STREET AND NUMBER	"	10f. ZIP COOR	10g. C	ITIZEN OF WHAT COUNTRY?							
T. Individual Companion   Description   De	1552 Vihil	enville Rd.	2/85	/	MSA							
T. Individual Companion   Description   De	11. MARITAL STATUS				14. RACE — American Indian,							
8. DECEDENT'S BULLA COLUMNIAN  (Rowth of the fighted grow complication)  Elementary/Secondary, 8-173  Codege (1-4 or 5-1)  To. NATIONAL COLUMNIAN  Elementary/Secondary, 8-173  Codege (1-4 or 5-1)  R. MOTIC on mode during model withing model withing find of work down during model withing find of work down during model withing find of which the during model withing find of which the during model withing find of which the during model withing find of which the during model withing find of which the during model withing find of which the during model withing find of which the during model withing find of which the during model withing find of which the during model withing find on the find of which the find o	. I waster mention 2 XV mention				Specify:							
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## Question 1   Prince   Princ	20a METHOD OF DISPOSITION	HALMON 135	d Unionvil	le Ray Pice	marce you m							
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23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart felture. List only one cause on asch line.  IMMEDIATE CAUSE (Final diseases or condition) resulting in design of the cause of a condition resulting in design of the cause		LICENSEE	MICHUICA.	413/86 FOC	onare city me							
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PART II. Other algrifficant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Notural   S   Pending Investigation   24a. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY AT WORK?  29a. CERTIFIER   Could not be determined be determined be determined be determined be determined be determined completed in the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH VITEM 277 (Tyto, Print)  31. DATE FILED (Month, Day, Year)  32 REGISTRAR'S SIGNATURE  24b. WERE AUTOPSY PINON ARLABELENCY OF DEATH II.   24b. DATE SIGNED (Month, Day, Year)  24b. WERE AUTOPSY PINON ARLABELENCY OF DEATH II.   24b. DATE SIGNED (Month, Day, Year)  24b. WERE AUTOPSY PINON ARLABELENCY OF DEATH (Check only one)  24b. WERE AUTOPSY PINON ARLABELENCY OF DEATH (Check only one)  25c. PLACE OF DEATH (Check only one)  26c. INJURY AT WORK?  27d. MANNER OF DEATH (Check only one)  28d. DESCRIBE NOW INJURY OCCURED  28d. DESCRIBE NOW INJURY	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):											
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29a. PLACE OF INJURY — At home, farm, street, factory, office 29a. PLACE OF INJURY — At home, farm, street, factory, office 29a. PLACE OF INJURY — At home, farm, street, factory, office 29b. Signature and Number or Rural Route Number, 29c. Certifier 29b. Signature and Title OF Certifier 29b. Signature and Title OF Certifier 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH NITEM 277 (Typio, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 33. REGISTRAR'S SIGNATURE		(Month, Day, Year) IN	JURY WORK?	200. DESCRIBE NOW INJURY C	CCURED							
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(Check only one)  2 M MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Typis, Print)  JOHN T. BULKELEY, M.D., 108 PINE BLUFF ROAD, SALISBURY, MD 21801  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	4 Homicide determined	building, atc. (Specify)	and and the second of the seco	City or Town, State)	or note note nomber,							
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JOHN T. BULKELEY, M.D., 108 PINE BLUFF ROAD, SALISBURY, MD 21801  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATHVITTEN OF OF	D.M.E. ID03599		02-08-96							
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	ages 1		
TO THE MOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3	lental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPIT	HE FUNERA	led within 7.	ORTANT: 1
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Robert 31. DATE FILED (Month, Day, Year) FEB 2 0 1996

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	1. DECEDENT'S NAME (First, Middle, Last)				·	- 01	DEA		2. DATE	OF DEATH	_		3. TIME OF DEATH
	Hazel	Virg	ginia		Har	efo	rd		Fec	ruarÿ	16	1996	6 10:35 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	100	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		a. BIRTH	HPLACE /State or Foreign
	216-14-6920	1 M 2 M F	7	7 YRS.						4, 191	1.8	Mari	yland
Œ	9a. FACILITY NAME (If not institution, give s Reeders Memorial						R LOCATIO		ATH	1		INTY OF D	
OT	RESIDENCE OF DECEDENT	поте				oons	boro				was	shing	jton
FUNERAL DIRECTOR	Mary Land Wash				ry, town of location inks town						10d. INSIDE CIT LIMITS? 1 AT YES 2		
ERAL	100. STREET AND NUMBER 11 West Baltimore	Street				101	ZIP CODE	734				S.A.	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 201	RMED	13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexican, 1 YES 2 NO Specify:				n, Puerto	N? (Specify Yea Rican, atc.)	or No-	14. RACI Blaci Speci	E — American Indian, ik, White, etc.
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	iN .		160	. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	completed) College (1-4 or 5	(G	ive kind of Do NOT u	work done se retired.)	during mo	st of workin	g	1.00	. KIND OF BOS	1142371141	2031H1	
MPL	0-6	0		home	make	r				own h	ome		
	17. FATHER'S NAME (First, Middle, Last)	m Moser					18. MOTH			Middle, Maiden S			
BE	19a. INFORMANT'S NAME (Type/Print)	n Moser								e 0. K	-		
5	Mr. William H. Ha	reford	I	D. MAILING	Box	72.	11 W	or Hursi F	7.tin	ber, City or Town	, Stata, Ziji reet	o Code)	inkstown, MD
	20aMETHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS	ITION/Na	me of						own, State 21734
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		cemetery.cre Rest	Hav					2-20	-96 Ha	gers	town	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Min	nied.									00.00	ral Home m, MD 21740
	23. PART I. Enter the diseases, or o	omplications the	t caused the de	ath. Do r	not enter	the mo	de of dyl	ng, suct	n aa cen	fiac or respir	alory an	rest,	Approximate
-	IMMEDIATE CAUSE (Final											Interval Between Onset and Death	
	disease or condition resulting in death)	mita	statu	can	encer primary un					unknown			140
_		DUE TO	(OR AS A CONSE	OUENCE O	F):	/ /		O					
ERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CONSE	OUENCE O	F):								
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												İ
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
CER	resulting in ceatily Exist	d											
- 1	PART II. Other significent condition	s contributing to	deeth but not r	reauiting	In the ur	darlying	cause g	iven in i	Part I.	24a. WAS AN A		24b	. WERE AUTOPSY FINDINGS
MEDICAL										1 TES 2		-	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
									_				1   YES 2   NO
AN	DID TOBACCO USE CONTI	RIBUTE TO CA					UNC	ERTAIN	N/B				
SC	EXAMINER?	HOSPITAL:		E OF DEAT	OTHE	t:							
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIM		28c, INJ	JRY AT	sidence		r (Specify) SCRIBE HOW IN	JURY OC	CURED	
Neturel 5 Pending (Month, Day, Year) INJURY WORK?  2 Accident Investigation M 1 YES 2 NO										COMED			
3 Suicide 8 Could not be determined determined determined determined									or Rural F	Route Number,			
Ē	290. CERTIFIER 1 CERTIFYING PHYSI	MAN, To He had a											
COMPL	(Check only one)  2 MEDICAL EXAMINE												a) and manner so stated
	29b. SIGNATURE AND TITLE OF CONTIFIER				, , , , , ,	1	29c. LICE			Live priece, and			
BE	Rymhn	l.							18	_	≥ DAT	2/17	(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	М 27) (Туре,	Print)		0 /	J 043	, ,0			-111	110

Guedenet 100 Geeting Lane, Keedysville, Md

hospital or attending physician.	ached for use as the burlal-transit permit. Pages 1, 2, 3 should		ce.
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	certificate has been signed by the attending physicia	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: 1	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after i	IMPORTANT: If item 28 is marked

	1 - STATE REGISTRAR	SIAIE UF N	/ MAKYLANU CE				DEAT		MENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C	F DEATH			3. TIME OF DEATH
	Anna	Elizabet	h	-1	ton	VE	P		MONTH	B . /:	5. 19	796	1903 hous
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE O	F BIRTH	,,,	A. BIRTH	IPLACE (State or Foreign
	213-16-0097	1 M 2 X F	84	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	11	M a v	v) cvland
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b, CITY	r. TOWN C	R LOCATIO	ON OF DE	Aug. 4, 1911			COUNTY OF DEATH	
DIRECTOR	PENINSULA REGION		AL CENTE	R			SBUR					OMIC	
<u>[</u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	v	_	10c CIT	Y. TOWN	OR LOCAT	ION						10d. INSIDE CITY
Ë		nington			lager								LIMITS?
	100. STREET AND NUMBER	Tingcon			14601		. ZIP CODI	-			40 - 017		THE YES 2 □ NO
FUNERAL	234 South Locust	: Street				101		740			10g. CIT	U.S.	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARA YES 2 (1) No WAR OR DATES			If yes, sp		n, Mexice	n, Puerto Ri	(Specify Yes cen, etc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, etc. #/: White
	15. DECEDENT'S EDU	CATION	16e, DEC	CEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BUS	INESS/ING	DUSTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Giv	ve kind of Do NOT u	work done se retired.)	during mo	st of working	g					
7	0-11	College (1-4 or 5 +		lepl	none	opei	rator			pho	one o	compa	any
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mi	ddle, Meiden	Sumemel		
	George W.	Tullis								ora Bl			
BE	19e. INFORMANT'S NAME (Type/Print)	141110	19h	MAILING	ADDRES	© (Stmot o	nd Alumbor	or Ruml I		r, City or Town		Codel	
2	Mr. Richard M. Ho	lover											1 21804
	20e. METHOD OF DISPOSITION	70701						,		-			
	1X Buriel 2 Cremation 3 Rem	oval from Stata	cemetery, cren						DATE		CATION —		m, Maryland
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Rest	пач	-		D ADDRES	SS OF FA			0		al Home
	The state of the s	1000		1									
	200	TYVI	Unre	ck	.   '	+10 1	L. WI	LISOI	u BIA	d., Ha	agers	SCOWI	n, MD 21740
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	List only one cau	ise on each line,						h as cardi	ec or respi	ratory an	rest,	Approximate interval Between Onset and Death
	resulting in death)  a. Ather sclead a Condition Disease  DUE TO (OR AS A CONSEQUENCE OF):  years												
	_	302 10	TON AS A CONSEC	VOENCE O	r).								,
CERTIFICATION	Sequentially list conditions,	b DUE TO	(OR AS A CONSEO	UENCE O	F):								
AT	if any, leading to immediate cause. Enter UNDERLYING												j
음	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSEO	UENCE O	F):								
E	reaulting in death) LAST	45											
8		<b>.</b>											
ICAL	PART II. Other significant condition					nderiyin	g cause (	given in	Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS
8	HTN : Diabetes nel	litus . A	tral film	سطمال	h				_	1 TYES 2	X NO		COMPLETION OF CAUSE OF DEATH?
MED													1  YES 2  NO
ä	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEAT	TH Y	ES 🗆	NO [	UNC	ERTAI	N 🔀				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	26. PLACI	E OF DEA	TH (Check				-				
Si	1 TES 2 NO	HOSPITAL:	KER/Outpatient 3	□ DOA	OTHE 4 Nu		10 5 🗆 Ra	sidence	6 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF (Month, D		26b. TIR	IE OF	26c. INJ	URY AT		26d. DE\$0	RIBE HOW I	JURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(	4, 1007		M		YES 2	] NO					
	3 Suicide 6 Could not be	26e. PLACE C	F INJURY — Al hor atc. (Specify)	me, fsrm,	atreet, tec	tory, offic	•			TION (Street e Town, Stete)	nd Numbe	r or Rural I	Route Number,
	4 Homicide determined		ato (openny)						Ony o	iown, Stelley			
3	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge des	eth occur	red at the	lime dete	and place	and due	to the cour	o(s) and man	one ee ete	ted	-
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												s) end menner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c, LICI	ENSE NUR	MBER	1	29d. DAT	E SIGNED	(Month, Day, Year)
8	1							59			•	2 11.	14.
2	ME NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAU	SE OF DEATH (ITEN	4 27) (Type	e, Print)		- •	- 1				-//6,	76
	JANE A. CRIC		560 Rivis			= A	204 4	1.12	. A	0 0 16-	i		
	31. DATE FILED (Month, Day, Year) FEB 2 0 1996	-12. REGISTRA	AR'S SIGNATURE		0~4	- /4	151.5	on wh	D. 11/1	1.7180	•		
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

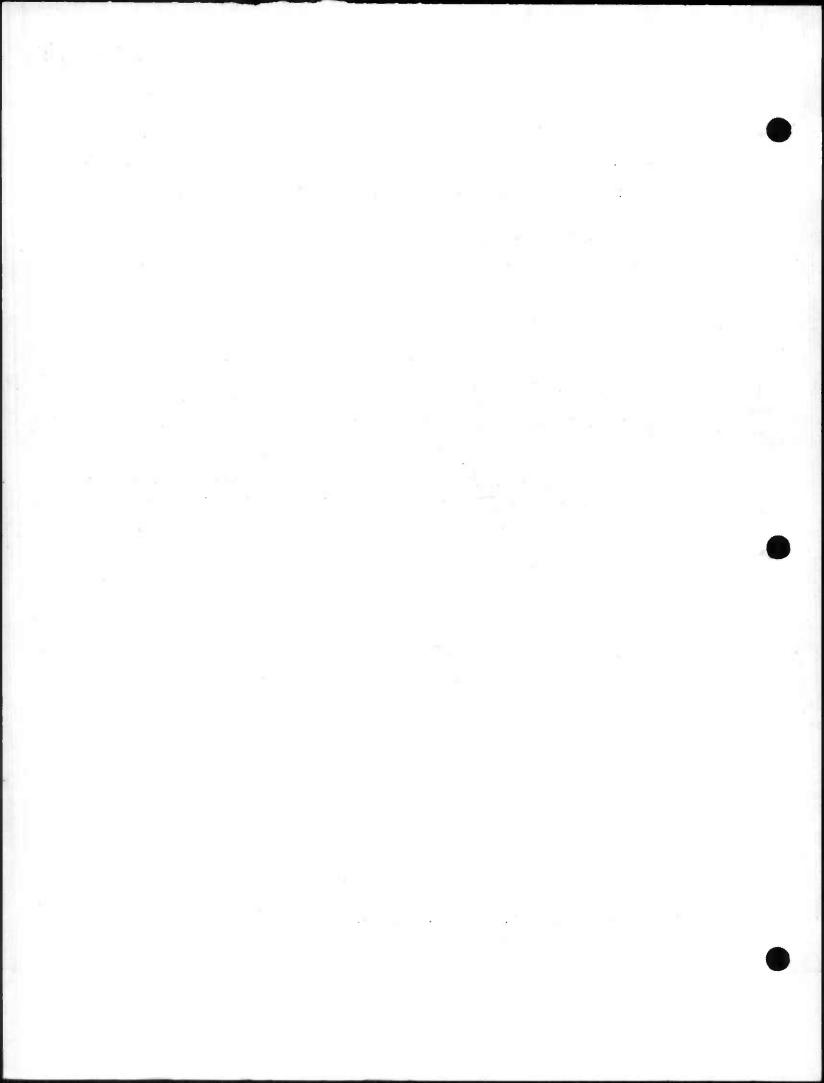
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN REG. NO.	E		
,		ane		HELMICE	ζ	2. DATE OF DEATH DO TERRUARY	v year		
	577-26-1482	1 □ M 2 🖾 🗶 73	In yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	vi	nthplace (State or Foreign contry)	
TOR	98. FACILITY NAME (If not institution, give atree  3311 Huntley Squar RESIDENCE OF DECEDENT	1	Temple	Hills	Prince George's				
DIRECTOR		George's						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	3311 Huntley Squar		:-1		20748		Unite	ed States	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA				n, Puerto Rican, etc.) Black, White, etc.			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)				16b. KIND OF BU	SINESS/INDUSTR		
	17. FATHER'S NAME (First, Middle, Last) Forest M. Manue	-1			16. MOTHER'S NAME (First, Middle, Melden Surname)				
BE	19a, INFORMANT'S NAME (Type/Print)	er	195 MAII IN	G ADDRESS (Street	Cora Mae Bagerly  DRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
2	Thomas E. Georg	ge			Nottingham Road, Upper Marlboro, Md 20772				
	20a. METHOD OF DISPOSITION 1 Trended 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	al from State		of disposition (Na other place) Ceme		15,96 Bre	entwood,	Town, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSER			Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd., Clinton, Md.					
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or co- shock, or heart failure. Li- IMMEDIATE CAUSE (Final disease or condition	at only one ceuee on e	ach line.	not enter the mo		h ea cerdiec or reap	iratory arrest,	Approximate Interval Between Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):								
	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that is listed events.)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							m Feb 12,1996	
	that initiated events resulting in deeth) LAST								
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  The part is of the property of the part is algument of the part is								
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA  Control one)  OTHER:  4 Nursing Home 5 Residence 8 Other (Specify)								
	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	YJURY WO	OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED						
	3 Suicide 6 Could not be 4 Homicide determined	, street, factory, offic	teet, factory, office  261. LOCATION (Street and Number or Rural Route Number City or Yown, State)			ral Route Number,			
COMPLETED	one)	AN: To the best of my know						see(a) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 atte	ud	o Pui	29c. LICENSE NU	MBER 08	29d. DATE SIG	NED (Month, Day, Year)	

M.D., 8926 Woodyard Road #101 Clinton, Maryland
32. REGISTRAR'S SIGNATURE
Julia Divideor Reviell

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plut)

M.D

Abulhasan Ansari.
31. DATE FILED (Month, Day, Year)
FEB 2 1 1996



## Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hydiana 95 05875

				State of Maryla		epariment of F Certificate of		лептат ну	Reg. No.		
8	. I.		1. Decedent's Neme (First, Middle, Las	t)				2. Dete of De			3. Time of Death
	Physic /Medi		Margaret Esther	Strange Ha	aywar	1		Month Februar	Dey rv 14 19	Year	10:15PM
	Exami		4e. Facility Neme (If not institution, give	street end number)	<u> </u>	-	4b. City, Town, or L	ocation of Deat	h 4c. County		10.15111
			Meridian Health	Care Center.	Spa (	reek	Annapoli	c	Anne	Azun	401
	Funeral		5. Sociel Security Number 6. Se	ex 7. Age (In y	rs. lest birth	dey) If Under 1 Year	If Under 24 Hrs.	8. Dete of Bir (Month, De	th		ece (Stete or Foreign
н	Director		214-14-9389	□ M 25\F 84	Yr	s. Months Deys	Hours Min.	Aug 12			ny) rland
	D.		Usuel Residence of Decedent								
	how		10a. Stete 10b. County	10c.	City, Town	or Location				10	Od. Inside City Limits
	Pa-f	Director	MD Anne Ar	undel		Annapolis					Yas 2 No
	4 to 10	Sire	10e. Street end Number			10f. Zip Code			10g. Citizen of W	het Count	ry?
	th w		700 Americana Dr	ive #21		21	403		United S	State	C
	n 72 hours efter death with the Manyland "natural", or Items 23a or 28a-f show adical Evansinst must be notified at	Funeral	11. Maritel Stetus	12. Wes Decedent Ever in Armed Forces?	U,S.	13. Wes Decedent of H If Yes, specify Cube	lispenic Origin? (Sp	ecify Yes or No		- America	n Indien,
0	or h		1 Never Merried 2 Married	1 ☐ Yes 2 ☒ No If Yes, Give		1 ☐ Yes 2 ☑ No	Specify:	Thousi, Oto.)	100000		
00	ours F	d by	3 ₹ Widowed 4 □ Divorced	Yeer or Detes:		TE 165 ZXIII	ореспу.		Specify:	Whi	te
5-0	72 h netu	Completed	15. Decedent's Ed (Specify only highest gred	ucation de completed)	(0	ecedent's Usuei Occup Give kind of work done	during most of work	ina	16b. Kind of Bu	siness/Ind	ustry
7	d within giene. r then t	Jdu	Elementery/Secondery (0-12)	College (1-4or 5+)	- 1	ife. DO NOT use retired	d)				
7		S		4	E	ditor			Newsp	-	
n	d of H	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Nem			9)	
Z =	Men Brke	은	Thomas E. Strang					oslyn S			
Maryland 21215-0020	2 sh end is m		19e. Informant's Neme/Relationship (7	ype, Print)	19b. N	Mailing Address (Street	and Number or Rui	ral Route Numb	er, City or Town,	Stete, Zip	Code) 11693
6	and ealth m 27		Roslyn Hayward C			400 Shore F	ront Parl		ockaway		
altimore,	or of		20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐	a second control of the control of t	cemetery,	isposition (Neme of cremetory or other plea	ce)	Dete	20c. Location - 0	City or Tov	vn, Stete
<u>E</u>	Pag ment ant: I		4 ☐ Donetion 5 ☐ Other (Specify		. Lin	coln Crema	tory 2/16	/96	Brentwoo	d, M	aryland
all	permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: If them 27 is marked other any injury or other traumatic event, ang.		21. Signature of Funding Service Licens	100		22. Neme end Addre	ss of Fecility ohn	M. Tay	lor Fune	ral :	Home, Inc.
m	20129		1) KXSVANO	2		147 Duke o:	f Glouces	ter St.	Annapol	is,	MD 21401
			23e. Pert1. Enter the disease, or comp shock, or heart feilure. List only	licetions thet caused the de	eth. Do no	t enter the mode of dyln	ng, such as cardiec	or respiretory e	orrest,	- 1	Approximete Intervel Between
	Physician		one of the orthogonal and only o	710 00000 011 00011 mile.							Onset and Death
7	/Medical		Immediete Cause (Finel disease or condition	METAS	TUTTE	COLO	N CA	RCINE	MA		1 YEAK
	Examiner		resulting in deeth)	Due to	(or es e co	nsequence of):	N CA				
-	p .≅	Je I		, with	NITE	2 Note	KUEEN	KK		i	
	ocute ind trans	Examiner	Sequentially list conditions,	U	(or es e co	nsequence of):		100			
0,	e axe										
68760,	icata be axecuted physician end s the buriel-transit	edicai	thet initieted events resulting in death) Lest	Due to	Due to (or es e consequence of):						
-	certific nding p use as			d.						1	
Вох	death co	lan		d						1	
-	e de the a	by Physician/M	Pert II. Other significant conditions co	ntributing to death but not r	esulting in ti	ne underlying cause giv	ren in Pert I.	23b. Did	tobacco usa con	tribute to	the cause of death?
P.O.	thet the death certified by the attending detached for use a		CONCESTIVE HEART FAILURE !					10	1 Yes 3 No 3 Probably 4 Unknown		
Ś	8 5 8			~	-	1231-			`		
oro	been sign should be	ted						24e, Wes	an eutopsy ormed?	eva	re autopsy findings
ec	2 8 8	ple									npletion of cause leeth?
<u> </u>	The pege	Be Completed						10	Yes XXNo	1 🗆	Yes 2 No
of Vital Records,	ysician: The lis certificate he director, pege		25. Wes case referred to medical exeminer?				26. Plece of Deet	h (Check only	one)		
<u>_</u>	Physician: rthis certific ral director,	2	1 Yes 2√No	Hospitel: 1 ☐ Inpatient 2	☐ ER/Outp	etient 3 DOA Oth	er: 4 🖾 Nursing Ho	ome 5 Resi	idence 6 Othe	r (Specify	)
	ig Phy ter thi neral									bd	
0	Attending ir death. actor: After by the fune	atic						Yes 2 No			
	or Attending after death. Director: After din by the fune	Certification:	3 ☐ Sulcide 6 ☐ Could not be 4 ☐ Homicide determined	home, ferm				tion (Street end Number or Rural Route Number, or Town, Stete)			
	ital or is afte is Dir in bel										
	To the Hospital or Attending is within 24 hours after death. To the Funeral Director: After completaly filled in by the funer	edicai	29e. Certifier 1 Certifying Phy (Check only 2 Medical Exam)	sician: To the best of my ki Iner: On the basis of exami	nowledge, d	leeth occurred at the tin	ne, dete end plece,	end due to the	ceuse(s) end mer	nner as ste	the cause(s)
	the the E		one)	and menner steted.				iou at the time,			
	T ¥ € 0	Σ	29b. Signeture and bitte of continue			29c. Licens	e number		29d. Dete signed	(Month, E	ley, Year)
			1000	ur.	- 411		D23142		Februar	y 16.	1996
	<b>L</b>		36. Name and eddress of person who c	ompleted cause of deeth (It	tem 23e) (Ty	/pe, Print)					
-			S. David Krimins,	M.D. 900 Be	stgat	e Road Ann	napolis,	MD 2140	1 (410-2	24-00	)40)
	Sta		31. Date filled (Magth Pay, Year) 1996	32. Registrar's Sig	nature	2.					
	Registr	ar	1000			•					

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death Month **Physician** FEBRUARY 08, 1996 HATTIE HOBSON 2:30PM /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street end number) 4c. County of Death **Examiner** Prince George's Prince George's Hospital Cheverly If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Pay, Year) 1-24-1929 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months Deys Hours 1 M 2OF Yrs. 67 080-22-1558 Virginia Director Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryla Department of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or Items 23a or 28s4 show any injury or other traumatic event, the Medical Examination was be nouted as 28a-f show Washington, N/A Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20009 2900 14th Street, NW #606 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Merried 2 ☐ Married Specify: Black Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 N Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Private Domestic Worker 11th 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Willie Hobson Arnetha Hobson 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 7700 Emerson Street, W. Lanham Hills 20784 Walter Gay, Jr./Son 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cremation 3 ☐ Removal from State Harmony Memorial Pk. 2-12-96 Landover, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee

\*\*Emululy DUSAL TONIC 22. Name end Address of Facility J. B. Jenkins Funeral Home 23a. Parl 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate Approximete Interval Between Onset end Deeth Physician /Medical Immediate Ceuse (Finel encephalopa disease or condition resulting in death) **Examiner** diopalm nary Examiner or Attending Physician: The law requires that the death certificate be executed buriel-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequenca of): physician s the buriel Derlum ary Box 68760, edema Physician/Medicai Due to (or es e consequence of): heart inknow signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. toppertension, lung intiltrate 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Impatient 2 ER/Outpatient 3 DOA After this 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 5 Pending 1 Natural s efter deeth. 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) in by 4 - Homleide To the Hospital or within 24 hours eff To the Funeral DI completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) end manner as stated. 29a. Certifier Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Rand WHene D31053 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Ronald Henry, MD, 9470 Annapolis Road, Lanham, MD 20706

State Registrar 31. Date filed (Month, Dey, Yeer) 1996 A. Register's Signature

Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 6876.  OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 4,1996 YEAR Feb. 10:30 A.M M. Hall Mary 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morth, Day, Year) 3 / 2 2 / 0 7 8. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 88 MIN. 579-72-7702 1 M 2 X F Maryland Se. FACILITY NAME (If not institution, also street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George's Bowie DIRECTOR 12806 Duckettown Rd. RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Md. P.G. Bowie 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 12806 Duckettown Rd. 20719 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puarto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried Specify: BY 3 Widowed 4 Divorced Black 0 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) ive kind of work done Do NOT use retired.) Ш Elementary/Secondery (0-12) College (1-4 or 5 +) 7th COMPL Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) notified at James Fleet Malinda Johnson 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Boute Number City or Town, State, Zio Code) Margaret M. Johnson 13206 11th St., Bowie, Md. 20715 9 20s. METHOD OF DISPOSITION
11 Buriel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 2/10/96 20c. LOCATION - City or Town, State must Laurel, Md. 4 Donetion 5 Other (Specify) HAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE H.S.Washington & Sons, In 4925 Burroughs Ave., N.E. & Sons, Inc. W. Bratt Jarry medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mods of dying, such as cardiac or respiratory arrest, Approximats shock, or haart failura. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disesse or condition DUE TO (OR AS A CONSEQUENCE OF): ARREST MINUTES resulting in desth) traumatic event, HONTHS HEARL FAILURE CONGESTIVE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immedista cause. Entar UNDERLYING CAUSE (Disease or Injury HTPGATENSIVE CARDIOUASCULAR DISTALE YEAR or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST CHRONIC OBSTRUCTIVE LUNG PISCASIE TEARS Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO BREAST CANCER. shows any COMPLETION OF CAUSE 1 YES 2X NO OF DEATH? COMPLETE HEART BLOCK WITH PACEMAKEN 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one Item HOSPITAL: OTHER:
4 □ Nursing Home 5 TRasidence 8 □ Other (Specify) 1 XYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 0 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? marked, 1X Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, oHics building, etc. (Specify) FUNERAL DIRECTOR: A within 72 hours after de RTANT: If Item 28 Is 28 |s 3 Suicide 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, COMPLETED 4 Homicide 29e. CERTIFIER (Check only one)

Applications of the best of my knowledge, death occurred at the time, data end piece, end due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 73
IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner se stated, 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE ▶ Feb. 5,1996 D31069 9 30. NAME AND ADDRESS OF P RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9602-F M.L. King, Jr. Hwy., Lanham, Md. George H. Bone, M.D. 32 AEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) FEB 13 1996

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B.K.S.

ITEI Ba-f, I	MS: 23 PART I, PER MEO FILM G-	Please Type or Pri 27, State of M -733 3/11/96 t.t	aryland / Department of Health and  Certificate of Death	Mental Hygiene  Reg. No.	0587
	1. Decedent's Neme /Firs	st. Middle, Last)		2. Dete of Death	3. Time of Dee

**Physician** /Medical **Examiner** 

4a. Feclifty Neme (If not institution, give street end number) 7. Age (In yrs. last birthdey) If Under 1 Yeer If Under 24 Hrs. Months Deys Hours Min. December 2, 1953 Washington, D.C.

XXM 2DF

FEB. 07, 1996 4b. City, Town, or Location of Deeth

12:17 AM

Birthplace (State or Foreign Country)

10d. Inside City Limits

XX Yes 2 ☐ No

PRINCE GEORGES HOSPITAL CENTER E.R. 5. Sociel Security Number

10b. County

MARCO

CHEVERLY

4c. County of Deeth PRINCE GEORGES

**Funeral** Director

with the Maryland

Baltimore, Maryland 21215-0020

Physician /Medical

Examiner

attending physician and for use as the buriel-transit

94 signed by to d be detach

has

certificate

this funeral

Within 24 hours after deeth.

To the Funeral Director: After i

I or Attending Physician: after deeth.

Hospital

The law requires that the death certificate be axecuted

Box 68760,

Division of Vital Records, P.O.

Usuel Residence of Decedent 10e. Stete or 28a-f ahow in than "natural", or items 23a or 28a-1 ahor Directo permit. Peges 1 and 2 should be filed within 72 hours after death v. Depertment of Heelth and Mental Hygiena. In provident: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Headest Exercises 2006s.

Completed

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Examiner

Physician/Medical

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Completed

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Certification:

Medical

Mary 1 and 10e. Street and Number Funeral 11. Meritel Stetus by

578-68-4777

5116 Emo Street 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 DNo if Yes, Give Year or Detes: Never Married 2 Married

Prince Georges

10f. Zip Code

10c. City, Town or Location

20743 Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 💢 No

Capital Heights

14. Race - American Indien, Bleck, White, etc. Black. Specify:

3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12)

College (1-4or 5+)

18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

10g. Citizen of Whet Country?

U.S.A.

17. Fether's Neme (First, Middle, Last)

James E. Honesty

Nurse 18. Mother's Neme (First, Middle, Meiden Sumame) Hattie Parker

Private Duty

19e. Informant's Neme/Reletionship (Type, Print) Hattie A. Parker (Mother)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5116 Emo Street Capital Heights, Maryland 20743

20e. Method of Disposition

1 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 Donetion State (Specify)

20b. Plece of Disposition (Name of cametery, cremetory or other place) Glenwood Cemetery

Dete 20c. Location - City or Town, Stete February 12, 1996 Washington, D.C.

Part1. Enter the disease, or con shock, or heart failure. List only

Name and Address of Fecility ROTTINS Funeral Home, Inc.

4339 Hunt Place, N.E. Washington, D.C. lations that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, cause on each line. Approximete intervel Betw

Immediate Cause (Final disease or condition resulting In deeth)

NARCOTIC INTOXICATION

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Due to (or es a consequença of)

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last

Due to (or es e consequence of)

Due to (or es e consequença of)

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings available prior to completion of cause of deeth?

Onset end Deeth

1K Yes 2□ No

26. Place of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25. Wes case referred to medical examiner? 1 Nes 2 No

6 Could not be determined

Hospitel: 1 ☐ Inpatient 2 ☑ ER/Outpetlent 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 5 Pending Investigation

FOUND 2/7/96

28b. Time of Injury UNKNOWN 28c. Injury at Work? 1 Yes ZNO

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred UNKNOWN

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)
FOUND AT THE AMERICAN RESCUE SHELTER

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) RITCHIE ROAD CAPITOL HEIGHTS, MARYLAND

29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 A Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year) FEBRUARY 7, 1996

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

27. Menner of Deeth

1 Netural

2 Accident

4 Homicide

3 ☐ Suicide

Fowler

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

31. Date filed (Month, Day, Year) State FEB 15 1996 Registrar

32. Registrer's Signeture

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DIVISION OF VITAL RECORDS, P.O. BOX 6876	
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STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. TIME OF DEATH A DATE OF DEATH 10460 Muguy Harris 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 14 HIRE 7. DATE OF BIRTH (Morth, Day foor) 8. BIRTHPLACE (State or Fo 1 | M 2 | F HOURS 264-13-8123 YRS 49 Sept. 19, 1946 Florida Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Southern Maryland Hospital Clinton Prince Georges RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Prince Georges Riverdale VES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 5538 - 60th Avenue 20737 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rica:

1 YES 2 NO Specify: 1 Never Married 2 K Married BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Independent Contractor Elementary/Secondary (0-12) College (1-4 or 5+) 12 Environmental Service Self-employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Robert L. Lee Annette Kirkland BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Dennis E. Harris 5538-60th Ave., Riverdale, MD 20737 e 20e. METHOD OF DISPOSITION
1 Duriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Williams Thomas Funeral Hme.2/12 Gainesville, Florida examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home, Inc. 4308 Suitland Rd., Suitland, MD 20746 completely filled in by the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between the attending physician and completely filled in I Memal Hygiene prior to burial, cremation, or IMMEDIATE CAUSE (Final Onset and Death the Reart-disease disease or condition humaha event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY signed by the PERFORMED? any 1 TYES 2 THE OF DEATH? shows 1 YES 2 NO peen : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 has t 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL certificate HOSPITAL OTHER: P YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 0 27. MANNED OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending м 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town: Stete) .00 ED 8 Could not be 4 Homicide 28 datermined COMPLET 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If Its (Check only one) ation and/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(a) and menner ea stated 29b. SIGNATURE AND TITLE OF 29 DOATE SIGNED (Month, Day, Year 290 LICENSE NUMBER BE 5 DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3. TIME OF DEATH

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

	John Harv	vard							Febru	ary	3,19	996	1:53 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day	IRTH (bar)	1	Country)	MCE (State or Foreign
1	578-30-1590	1 💢 M 2 🗌 F	70	YRS.					10/1/	25		Geor	gia
~	9a. FACILITY NAME (If not institution, give					Y, TOWN OF					9c. COUNT	Y OF DEAT	н
DIRECTOR	Doctor's Commi	unity Ho	ospita	1	Lar	nham-	-Sea	abro	ok		Prin	ce G	eorge's
S S	10e. STATE 10b. COUNT	TY		10c. C/1	Y, TOWN	OR LOCATIO	ON					10	d. INSIDE CITY
DIR	Md.	P.G.		La	ando	over						1	LIMITS?
	10e. STREET AND NUMBER					101,	ZIP CODE				10g. CITIZI		T COUNTRY?
ER	8616 Girard	d St.					207	785			ī	J.S.	Α.
FUNERAL	11, MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S.		13.		NDENT O	F HISPAN	IC ORIGIN? (Sp			4. RACE -	American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	_leo		1 TYES			n, Puarto Rican	, 91C.)		Specify:	Black
		WW											black
E	15. DECEDENT'S EOI (Specify only highest grad	le completed)		DECEDENT'S (Give kind of life. Do NOT u	work done	durina most		g			Gove:		nt
12	Elementary/Secondary (0-12)	College (1-4 or 5	+)	aims			gat	or			Post		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)								ME (First, Middle	Meiden	Surname)	-	
	David Harv	vard							lie H				
) BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	SS (Street an	d Number	or Rural F	Poute Number, C	ity or Town	n, Statu, Zip C	Code)	
2	Katherline E. I	Harvard		Same	e as	s # 1	10 a	bov	е				
	20s. METHOD OF DISPOSITION  1 1 Burtel 2 Cremation 3 Res	moval from State		EAND DATE			ne of		OATE	20c. LO	CATION — C	ity or Town,	State
	4 Donation 5 Other (Specify)		Lin	coln	Men	n.Cen				Su	itla	nd.M	d
	21. SIGNATURE OF FUNERAL SERVICE L				22	H.S.			gton	s s	ons	Inc	
	Yarry s	V. 32	cett			4925	Bu	irro	ughs	Ãve	.,N.	Ε.	
	23. PART i. Enter the diseases, or ahock, or haart failure IMMEDIATE CAUSE (Final disease or condition		use on each li	na.									Approximats Interval Between Onset and Death
	resulting in death)		OR AS A CONS			-0301	CIC	, CIC		sea		Lai	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO	OR AS A CONS	SEOUENCE C	OF):								
\ \S	CAUSE (Disease or Injury	C. DHE TO	OR AS A CONS	EQUENCE C	ME).								
E E	that initiated events resulting in death) LAST		(ON AS A CONS	SECOENCE C	rrj:								
CE		d											
MEDICAL	PART II. Other algorificant condition	ina contributing to	death but no	t resulting	in the u	inderlying	cause (	given in	Part i. 24s	PERFOR	AUTOPSY MED?	AV	ERE AUTOPSY FINDINGS WILABLE PRIOR TO
ĕ				_				_	10	YES 2	<b>∑</b> KNO		OMPLETION OF CAUSE F DEATH?
	DID =0014660 HST 6015	TO 01	LUCE OF DE		=c ==	NO [7]	110.16					1	YES 2 NO
AN.	DID TOBACCO USE CON	IRIBUTE TO CA		ACE OF OEA			UNC	ERIAI	4 L				
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:					·		
PHYSICIA	1 X YES 2 NO	1 Inpetient 2		3 DOA		28c. INJU		aldenca	6 Other (Spi		HIRV OCC	IDED	
ВУ Р	1 XNetural 5 Pending 2 Accident Investigation	(Month, E			JURY M	WOR	ES 2	] NO	28d. VESCHIE	E HOW I	NJOHT OCC	JNED	
COMPLETED	3 Suicide 6 Could not be datarmined	26a. PLACE ( building.	OF INJURY — At , etc. (Specify)	home, farm,	street, fac	ctory, offica			261. LOCATION	N (Street i wn, State)	and Number o	or Rural Rout	e Number,
7	29a, CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	f my knowladge,	death occur	red at the	time, data a	and place	, and dua	to the cause(a)	and mer	mer as state	d,	
OM	one) 2 MEDICAL EXAMIN												nd manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIC			-200			29c. LICI	ENSE NUI	MBER		29d. DATE	SIGNEO (M	onth, Day, Year)
3 BE	Myligusts T	Keny	us.	M	1		D2	123	0		▶ F∈	eb.	1,1996
2	30. NAME AND ADDRESS OF PERSON WAS AUGUSTO P. ROO	HO COMPLETED ON U				ybur	n C	t.,	Camp :	Spr	ings,	Md.2	20748
		REGISTR	AR'S SIGNATURE			4				_	,		
	FEB 13 1996	Salin de	volumble	dell									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

200 13 1995 Mile Manufactures

#### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					Cei	runcate o	f Death		R	eg. No.		
		1. Decedant's Nama (First, Middla,	Last)						2. Date of Deet	th		Time of Death
Physicia /Modis	_	ANN	V.	IRWIN					FEB. 4	, Day 199	6 <sup>Year</sup> 5	:30 P.M
/Medica Examine		4e. Facility Nema (If not institution,	giva street and nu	mber)			4b. City, To	wn, or Lo	cation of Deeth	4c. County		
LXUIIIII	-1	14305 DELCASTLE	DRIVE				MITC	HELLY	ILLE	PRINC	E GEORG	E'S
unerai		5. Social Security Number 6	Sax	7. Aga (In yrs.	last birthday)	If Undar 1 Yas		24 Hrs.	8. Deta of Birth		9. Birthplace	(Stata or Foraig
irector		190 20 7003	1□M 2□F	93	Yrs.	Months Dey	s Hours	Min.	8. Deta of Birth (Month, Day, OCT 18	1902	ILLINO	IS
		Usuei Residance of Decedant										
show ad et		10a. Stete 10b. County		10c. City	y, Town or Lo	ocation					10d. lr	nsida City Limits
12	호	FLORIDA COLLIE	R	NAP	LES						1	Yes 2 No
128 Inot	Directo	10e. Street and Number				10f. Zip Coda			1	0g. Citizen of	Whet Country?	
300	2	40 LEMANS DRIVE					33962			UNITED	STATES	
than "natural", or liems 23s or 28s4 should be mailthed at	Funeral	11. Maritel Status		adant Ever In U	S. 13.1	Was Decedant of If Yes, specify Cu	f Hispanic Ori	gin? (Spe	cify Yes or No-	14. Rac	ce - American In	dien,
5	2	1 Nevar Married 2 Married	Armed Fo	X No					Rican, etc.)	Bia	ck, Whita, atc.	
o."	þ	3XXWidowed 4 ☐ Divorced	If Yas, Giv Yaer or D			1□Yas 2XXV	o Specify:			Specify	y: WHITE	
patrice of the second	Completed	15. Decedant's	Education		16a. Dece	dant's Usual Occ	upation			16b. Kind of B	usinass/Industr	y
r bear	<u>e</u>	(Specify only highast		1 4 a 2 . \	(Give	kind of work don DO NOT use reti	a during mos red)	t of workir	ng			
ther ther	E	Elementary/Secondary (0-12)	College (1	1-40r 5+)	PHYSI	CAL EDU	CATION	DIRE	ECTOR	PUBLIC	SCHOOL	S
5 5		17. Fathar's Name (First, Middla, La	st)				18. Mothe	er's Name	(First, Middla, I	Maidan Suman	na)	
D .	To Be	STANLEY KAVALSK	IS				PAT	RONE	GADRICH	H		
EE	-	19a. informant's Name/Raiationship	(Type, Print)		19b. Meilir	ng Addrass (Stre	et and Numb	er or Rura	l Route Number	. City or Town	Stata, Zio Cod	a)
27 is r trau		- /									ILLE MD	
E		LURA KAVAL GARG  20a. Mathod of Disposition	TULU		iace of Dispo	05 DELCA sition (Nama of		KIVE			- City or Town,	
		1 ☐ Buriai 2 Cramation 3		State	emetary, cret	matory or other p	lace)					
ortant: injury	-	4 Donation 5 Other (Spe	11.000	ME		ITAN CRE			5/96	ALEXAND	ORIA VIE	RGINIA_
Important: It any injury o pncs.		21. Signature of Funarai Sarvice Lic	ensee	$\circ$		2. Nama and Add ROBERT E			NERAL H	OME. P.	Α.	
= = 0		Movert E. C	vans	Pres	1	16000 AN						1.5
		23a. Part1. Entar tha disaasa, or co shock, or heart feilura. List on	mpilcetions that	ausad tha daati	n. Do not ant	ar tha mode of d	ying, such as	cardiac o	r raspiratory arr	est,	App	roximata rvai Between
sician			,								Ons	et end Deeth
edicai	- 1	immediata Causa (Final disaasa or condition		CARD	IORI	-371R	470/	24	ARRE	37	/	412
miner		rasulting in daeth)	a	Dua to (o	r as a consec	quence of):			,,,,			
-	Je.			META	4574	ITIC .	LUN	G 0	CARC	1XIVY	4 9	1489
rans	Examiner	Sequentially list conditions.	b		r as a consec					,		
		Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying									į	
physician and the burial-transit	Medical	Cause (Disaese or injury that initiated evants rasulting in death) Last	C	Dua to (or	as a conseq	uance of):						
as t	9	rasulting in death) Last									1	
			d								1	
d fo	Physician	Part li. Other significant conditions	contributing to de	eath but not rasi	ulting in the u	ndarfying cause	given in Pert i	i.	23b. Did to	bacco usa co	entributs to the	cause of deati
ned by the a a dateched	چ								1 🗆 Y			4 □ Unkno
80 .	by P	ALZIT	EIME	R5	010	EASC						
		01,	EIME	カノーカ	2		-/-		24a. Was a		24b. Wara e	utopsy findings
8 2	et	4/100	DEFFE	DEK	21	26/12	C		perform	med?	comple	e prior to tion of cause 1?
D 20 7	윤											
has ya 2									1 Y	as 20No	1 🗆 Yei	2 □ No
paga 2	_							of Death	(Check only on	a)		
paga 2	Re	25. Wes casa rafarred to medical axaminar?	Horeitel		ER/Outpatien	nt 3 DOA	Othar: A P No	rsing Hon	na 5 Rasida			
his cartificate has al director, page 2	To Be	axaminar?		•	-			7				
his cartificate has al director, page 2	To Be	axaminar? 1 ☐ Yas 2 ☐ No  27. Menner of Death	28a. Data	•	28b. Tima of injury	28c. in	jury at fork?		28d. Dascribe ho	ow injury occur	rred	
After this cartificate has funeral director, page 2	To Be	axaminar?  1  Yas 2  No  27. Menner of Death 1  Ed Natural 5  Pending 2  Accident invastigat	28a. Data (Moni	of injury	28b. Tima of	28c. in	jury at	No				
After this cartificate has funeral director, page 2	To Be	axaminar? 1	28a. Data (Moni	of injury th, Day Year)	28b. Tima of injury	28c. in	juryat /ork? □Yas 2□	No	28d. Dascribe ho 28f. Location (St City or Town	reet and Numb		ıta Number,
After this cartificate has funeral director, page 2	Certification: To Be	axaminar?  1 Yas 2 No  27. Menner of Death  1 2 Natural 5 Pending invastigat  2 Accident invastigat  3 Suicida 6 Could not	28a. Data (Moni	of Injury th, Day Year) of Injury - At ho	28b. Tima of injury	28c. in W	juryat /ork? □Yas 2□	No	28f. Location (St	reet and Numb		ıta Number,
nersi Director: Aflar this cartificate has y filled in by the funeral director, page 2	cal Certification: To Be	axaminar?  1	28a. Data (Moni	of injury th, Day Year) of Injury - At hong, etc. (Specify	28b. Tima of injury	M 28c. in W 1	ury at lork? □ Yas 2 □ e time, deta an	No 2	28f. Location (St City or Town	treet and Numb n, Stata)	ber or Rural Rou anner as stated	
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nersi Director: Aflar this cartificate has y filled in by the funeral director, page 2	Medical Certification: To Be	axaminar?  1	28a. Data (Moni	of injury th, Day Year) of Injury - At hong, etc. (Specify best of my know asis of axaminat	28b. Tima of injury	M 28c. in W 1 1 28c. in W 1 1 28c. in occurred et the vastigation, in my 29c. Lice	ury at /ork?  Yas 2  e  time, deta an / opinion, dea	d place, a	28f. Location (St City or Town and dua to tha co and et the time, do	treet and Numb n, Stata) ause(s) and me eta and place,	ber or Rural Rou anner as stated and dua to tha ed (Month, Day,	cause(s)
nersi Director: Aflar this cartificate has y filled in by the funeral director, page 2	Medical Certification: To Be	axaminar?  1	28a. Data (Monilion be and manilion be and manilion completed caus	of injury th, Day Year) of Injury - At hong, etc. (Specify best of my know asis of axaminat	28b. Tima of injury  me, farm, str  wiedge, deettion and/or inv  23a) (Type,	M 28c. in W 1 1 28c. in W 1 1 28c. in occurred et the vastigation, in my 29c. Lice	ury at /ork?  Yas 2  e  time, deta an / opinion, dea	d place, a	28f. Location (St City or Town	treet and Numb n, Stata) ause(s) and me eta and place,	ber or Rural Rou anner as stated and dua to tha ed (Month, Day,	cause(s)

SER LA SAS Shi Markey Rock S.

1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

		HEGISTHAN	CENTIF	ICATE	T DEATH	HEG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)  EDITH MAE JACK	SON				16 199	3. TIME OF DEATH A
		4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. lest birthday) 71 YRS.	IF UNDER 1 YEA	1	7. DATE OF BIRTH (Month, Day, Year) DEC: 32,1		Country)  MAGLAND
3 should		9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY	
2, 3	10R	UNION HOSPITAL		ELK	toN		CEC	:iL
- S	E C	10e. STATE 10b. COUNTY	10c. CI1	Y, TOWN OR LO	CATION			10d. INSIDE CITY
nit. Pages	DIRECTOR	MARYLAND CECIL	E	LKtON				1 YES 2 NO
if permit.	FUNERAL	270 QUARRY ROAD			21921			of what country?
020 physician. burial-transit	S	11. MARITAL STATUS / 12. WAS DECEDENT E			DECENDENT OF NISPAN			RACE — American Indian, Black, White, atc.
21215-0020 al or attending physician, for use as the bunal-tran	BY	1 Never Married 2 Merried FORCES? 1 IF YES, GIVE WAR			specify Cubsn, Mexica (ES 2 🔀 NO Specify			Specify: BLACK
r attending use as the	밀	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUP work done during	ATION most of working	16b. KIND OF BU		
14 = 5	COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)	iile. Do NOT u	E WI fo		Harr	sewife	
/LAND 2 by the hospital of detached for all once.	NO ME	17. FATHER'S NAME (First, Middle, Last)	FIDILE	EWIT		ME (First, Middle, Maide		
A be de de de de de de de de de de de de de	ш	ROBERT WILLIAMS			Estel	LA MOR	REAN	
MARYLAND retained by the hospits 5 should be detached notified at once.	0 8	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stre	et and Number or Rural			ie)
E, M		BISHOP DELBERT JACKSON	1651	Iron H	ILL RD.	NEWAIK	DEL.	19702
TOR e 6 ma rector. p		20e. METHOD OF DISPOSITION  1   Burlel 2   Cremetion 3   Removal from State  4   Donation 5   Other (Specify)	conjetery, cremetory or GRIFFITA	Chusch	Cemetery	Fig. 69 CE	DAR HIL	or Town, State  MAGLAND
ALTIMO death. Page funeral direct		21. SIGNATURE OF FUNERAL SERVICE LICENSEE			E FUNESALE		59E.M.	PAIN ST.
1 0 = 0		Edward MCKeown		82.	- 1 00001176	E	CKto	N. MO. 21921
B B Item after by the medical		23. PART I. Enter the diseases or complications that c ahock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition	on each line.	0.0	mode of dying, suc	h as cardlac or ras	olratory arrest	Interval Between Onset and Death
And the same		resulting in death)	AS A CONSEQUENCE	fanki	h			10 yes
A STATE OF THE STA	Z	old	myo and u	i fection	,			
OX 98 e be soon sician and carrier to burn	ATIO	If any, leading to immediate	AS A CONSEQUENCE					
Can the season	J.		AS A CONSEQUENCE O					
A - C - A	CERTIFICATION		CVD.	Reno	al Insufi	weacy.	3.113	
DS, P the death the atten d Mental H		PART II. Other algnificent conditions contributing to de	eth but not resulting	In the under	ying ceuse given in	Part I. 24s. WAS A		24b. WERE AUTOPSY FINDINGS
CORI CORI res that to signed by lealth and	EDICAL					1 TYES	PIMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
RECO requires the							/\	1 TYES 2 NO
AL RE law requirements been of the Court of	Ä.	DID TOBACCO USE CONTRIBUTE TO CAUS				NM		
VISION OF VITAL RECORTANTSION OF VITAL RECORTANTSICION: The law requires that RETOR. After this certificate has been signed by staff death with the State Dept. of Health an 38 te marked or them 23 shows any	PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DE	OTHER:				
Sicilar Sicilar Sicilar	HYS	27. MANNER OF DEATH 26e. DATE OF IN.	R/Outpatient 3 DOA  JURY 28b. Til	ME OF 26c	Nome 5 Residence	28d. DESCRIBE NOW	INJURY OCCUR	EO
ON OF OHYSI the this ceath with	ВУ Р	1 Natural 5 Pending (Month, Day, 2 Accident Investigation	Year)	M 1	WORK?			
SION SION SION SI Affer or death	0	3 Suicide 6 Could not be 25e. PLACE OF II	NJURY — At home, farm, (Specify)	atreet, factory,	office	261. LOCATION (Stree City or Town, Stat		Rural Route Number,
DIVISION DR ATTENDING DIRECTOR: After hours after death from 28 le math	ETE	4 Homicide determined						
DIV TO THE HOSPITAL DR A TO THE FUNERAL DIREC Be filled within TS hours LIMPROTANT If Islam	COMPLET	(Check only one)  29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my one)  2 MEDICAL EXAMINER: On the basis of exam						ause(s) end menner ee stated.
H FUN	BEC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
£ £ £ 8 8	TO B	In mi Han MD			D0482	.3	1 7	18/96
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 23 Nest main St	- HAI	e, Print)	1 219	21		
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE	~ P	4 217			
		FFB 2 0 1996 Juli Dhiviles	rhardall					
								DMMM 16 Bay 1/8

We I Law et al.

	HE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR			CATE OF		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF OEATH
	Richard Thomas Jaggard					February	15 1996	7:30 PM
	4. BOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	M	ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)
	135-60-4697 1X M 2		YRS.		I,	lay 12, 19	96. COUNTY OF	en, New Jersey
DIRECTOR	9a. FACILITY NAME (If not Institution, give street and numbe  Edgar Price Road  RESIDENCE OF DECEDENT	7)		Varwick	PR LOCATION OF DE	AIN	Cecil	OEAIN
EC	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY
	Maryland Kent		Galer	na				1 N YES 2 NO
FUNERAL	178 Birchwood Lane				. ZIP CODE L635		USA	WHAT COUNTRY?
BY FUN	1 News Married 2YY Married FORCES?	EDENT EVER IN U.S. 1 YES 2 IVE WAR OR DATES	ARMEO X NO	If yea, ap		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Ble	CE — American Indian, lock, White, atc. acity: White
ED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	15a.	(Give kind of wo	SUAL OCCUPATION And Author Michael Mi		16b. KIND OF BU	BINESS/INOUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4	or 5+)	ille. Do NOT use Teac		1.60	Educ	cation	
S	17. FATHER'S NAME (First, Middle, Last)				100000	ME (First, Middle, Maiden	Surname)	
BE	Thomas R. Jaggard					Bixler	2002020	
0	190. INFORMANT'S NAME (Type/Print)  Thomas R. Jaggard	-				Remedyvill		~1 MC/5
	20a, METHOD OF DISPOSITION	20b PLA0		DISPOSITION (N		the same of the sa	CATION — City or	
	tX Burial 2 Cremation 3 Removat from Sta 4 Donation 5 Other (Specify)	le cemetery.	crematory or other	er place!		1996 Toms		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/ 0	dice con	22. NAME A	ND ADDRESS OF FA	CILITY		
	· H	1.21	- Mario			in, & Newnam		
	Gary B. Fellows 23. PART i. Enter the diseases, or complication	May could the	death Do no			hestertown,		Approximate
	shock, or heert fellure. List only on-			it enter the me	de of dying, suc	n as cerdisc or resp	ratory arrest,	Interval Between
	IMMEDIATE CAUSE (Finsi disease or condition	-shot w	/	11	/			Immodiate
-		JE TO (OR AS A CON		67 h	end			- mmodiale
-								
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate	JE TO (OR AS A CON	SEQUENCE OF)					
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury							
H	that initieted events	JE TO (OR AS A CON	ISEOUENCE OF)					
T.	resulting in death) LAST							
ш	PART II. Other significant conditions contribution	ng to death but no	ot reaulting in	the underlyin	g cause given in	Part I. 24a, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
L CE						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
_						1 T VEC 1	IN MO	
						1 TYES	NO	OF DEATH?
MEDICAL	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF D	EATH YES	S □ NO □	UNCERTAI		NO	
MEDICAL	DID TOBACCO USE CONTRIBUTE TO			NO [	UNCERTAII		XNO	OF DEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	26. P	LACE OF DEATH	(Check only one)		NO	NO NO	OF DEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 topposite 27. MANNER OF DEATN 25e. DA	26. P	t 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residenca		near	OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inputer  27. MANNER OF DEATN  1 Netural 5 Pending	26. Pl L: t 2 ER/Outpatient	LACE OF DEATH	OTHER: 4 Nursing Hor OF 28c. IN. RY	ne 5 🗆 Residenca	5 Nother (Specify)	near	OF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1 Inputer  27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 5 Could not be	L: It 2 = ER/Outpetien TE OF INJURY onth, Day, Year)  1 5   9 6  ACE OF INJURY - A	t 3 DOA  26b. TIME INJU  7/3	OTHER: 4   Nursing Hor OF 28c. IN. RY 1	ne 5   Residence JURY AT DRK? YES 2 NO	5 Nother (Specify) 5 28d. DESCRIBE HOW  981. LOCATION (Street	N CAL CONJURY OCCURED  5 Lot and Number or Run	of DEATH?  1 yes 2 no  no rooking  him self
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpetien  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 5 Could not be	26. Pi L: R 2 = ER/Outpetien TE OF INJURY onth, Day, Year)	28b. TIME INJU 7/3	I (Check only one) OTHER: 4  Nursing Hor OF 28c. IN. RY 1	BURY AT PRK? YES 2 NO	5 K Other (Specify) 5 28d. DESCRIBE HOW	NJURY OCCURED  SLAF  and Number or Run	1 yes 2 no
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  1 Inspiter  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  3 Suicide 5 Could not be determined  28e. PLA  26e.	26. PI L: R: 2 = ER/Outpatient TE OF BNJURY with, Day, Year)  1. 5   9 6  ACE OF INJURY — A Idding, etc. (Specify)  Cary in E. L	28b. TIME INJU 7', 3 t home, ferm, att	OTHER: 4   Nursing Hor OF 28c. IN. RY 1   reet, factory, offlic	DIRY AT SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	5 Nother (Specify) 5 28d. DESCRIBE HOW  281. LOCATION (Street City or Town, State)  400 Ho	INJURY OCCURED  To Shed  and Number or Run  At Edg.	1 YES 2 NO  Tookway  2 i'm self el Route Number,
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 trippeller  27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 5 Could not be determined	26. Pl L: R: 2	26b. TIME 1NJU 7/3 t home, ferm, str	OTHER: 4 Nursing Hor OF 28c. IN. WY 1 Creet, factory, office 2 RJ, Jack d at the time, date	IURY AT PYES 2 NO	5 Nother (Specify) 1 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State) 400 Ho	INJURY OCCURED  The shape of Run  A Elgo  nner se stated.	1 YES 2 NO  2 n roodway  2 in self al Rouse Number, ar Price Rd
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 trippeller  27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined  29. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN: To the be	26. Pl L: R: 2	26b. TIME 1NJU 7/3 t home, ferm, str	OTHER: 4 Nursing Hor OF 28c. IN. WY 1 Creet, factory, office 2 RJ, Jack d at the time, date	IURY AT PYES 2 NO	5 Other (Specify) 5 28d. DESCRIBE HOW  BILL 2 C.  281. LOCATON (Street City or Town, State)  400 Hz to the cause(s) and ma	NJURY OCCURED  A Short and Number or Run  A Edga  nner as stated.  Indidua to the caus	1 YES 2 NO  2 n roodway  2 in self al Rouse Number, ar Price Rd
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpution  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  26. PL but determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the bee	26. Pl L: R: 2	26b. TIME 1NJU 7/3 t home, ferm, str	OTHER: 4 Nursing Hor OF 28c. IN. WY 1 Creet, factory, office 2 RJ, Jack d at the time, date	JURY AT JOHN TO THE STATE OF TH	5 Other (Specify) 5 28d. DESCRIBE HOW  BILL 2 C.  281. LOCATON (Street City or Town, State)  400 Hz to the cause(s) and ma	NJURY OCCURED  A Short and Number or Run  A Edga  nner as stated.  Indidua to the caus	2) in self al Route Number,  or Price Kd  e(a) and manner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpution  27. MANNER OF DEATN  1 Natural 5 Pending Investigation  26. PL but determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the bee	26. PI L: R: 2	LACE OF DEATH  2 3 DOA  26b. TiMe (NJU) 7/3 t home, ferm, str.  4 PIC  6, death occurred  Uor investigation	OF 28c. IM. WW 1	JURY AT JOHN TO THE STATE OF TH	5 Other (Specify) 5 28d. DESCRIBE HOW  BILL 2 C.  281. LOCATON (Street City or Town, State)  400 Hz to the cause(s) and ma	NJURY OCCURED  A Short and Number or Run  A Edga  nner as stated.  Indidua to the caus	2) in self al Route Number,  or Price Kd  e(a) and manner as stated.
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BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inspital 27. MANNER OF DEATN 2 Accident Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beautiful and title (CERTIFIER  36. NAME AND ADDRESS OF PERSON WHO COMPLETED  The complete of the complete of the complete of the complete of the certifier of the complete of the certifier of	26. PI L: R: 2	LACE OF DEATH  2 3 DOA  26b. Time INJU  7', 3  t home, ferm, str  (death occurred Lor investigation	OF 28c. IM. WW 1	JURY AT JOHN TO THE STATE OF TH	5 Other (Specify) 5 28d. DESCRIBE HOW  BILL 2 C.  281. LOCATON (Street City or Town, State)  400 Hz to the cause(s) and ma	NJURY OCCURED  A Short and Number or Run  A Edga  nner as stated.  Indidua to the caus	OF DEATH?  1 YES 2 NO  2 N rookway  2 i'm self al Route Number,  Mr Price Rd  se(a) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inspital 27. MANNER OF DEATN 2 Accident Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beautiful and title (CERTIFIER  36. NAME AND ADDRESS OF PERSON WHO COMPLETED  The complete of the complete of the complete of the complete of the certifier of the complete of the certifier of	26. PI L: R: 2	LACE OF DEATH  2 3 DOA  26b. Time INJU  7', 3  t home, ferm, str  (death occurred Lor investigation	OF 28c. IM. WW 1	JURY AT JOHN TO THE STATE OF TH	5 Other (Specify) 5 28d. DESCRIBE HOW  BILL 2 C.  281. LOCATON (Street City or Town, State)  400 Hz to the cause(s) and ma	NJURY OCCURED  A Short and Number or Run  A Edga  nner as stated.  Indidua to the caus	OF DEATH?  1 YES 2 NO  2 N rookway  2 i'm self al Route Number,  No Price Rd  se(a) and manner as stated

#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

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				Olalo of I	iai yiai ia i		ficate of	Death		Reg. No.	U	00004
	Physic /Medi		1. Decedent's Nama (First, Middle, La: Earl Lewis JONES	st)					2. Data of De Month	ath Day	Year 991	3. Tima of Death
	Exami		4a. Facility Nama (If not institution, giv.	a street end numbe	r)			4b. City, Town, or Lo	ocation of Death		1-1-10	
			Washington Count	y Hospita	1			Hager			hingt	on
	Funeral Director		5. Social Sacurity Number 212–50–7579 6. S	ex 7. A	Aga (In yrs. last bii 47		If Under 1 Year Monfhs Days	Hours Min.	8. Date of Bird (Month, Da Feb.17	th ly, Year) 1,1948		place (Stata or Foreign ntry) 1 Land
	pu .		Usual Rasidance of Dacedant  10a. Steta 10b. County		10c. City, Tow	m or Locat	lion				14	0d. insida City Limits
	Aanyla f sho	50	Maryland Washi	ngton	Toc. Oily, Tox		erstown					Yas 2 No
	the h	rect	10a. Streef and Numbar			8	10f. Zip Code			10g. Citizan of	What Coun	nfrv?
	3a or	Ī	1107 Kuhn Avenue				2174	0		USA		,
020	within 72 hours after death with the Maryland ena. than "natural", or items 23a or 28a-f show he Medical Exprine must be notified at	by Funeral Director	11. Marital Status  1 □ Never Merried 2⊠ Merried  3 □ Widowed 4 □ Divorced	12. Wes Deceder Armed Forces 1  Yas 2  If Yes, Give Yeer or Dates	No		s Decedant of Hes, specify Cub	lispenic Origin? (Sp en, Mexican, Puarto Specify:	ecify Yes or No Rican, atc.)	14. Rac Bla Specifi	ck, Whita,	en Indian, etc. vhite
21215-0020	f within 72 he jiena. r than "natur the Ned cal	Completed	15. Decedant's Ec (Spacify only highast gra Elementery/Secondery (0-12)	ducetion ada complated)  Collega (1-40)		. Decedan (Give kin lifa. DO		during most of work d)	ing	16b. Kind of B	ervit	
	be filed withintal Hygiena. d other than		17. Fether's Nema (First, Middla, Last)				superv	18. Mothar's Nam	a (First, Middla,			-
lan	ed fa	To Be	Franklin Jones						Elliott			
Maryland	ulth ar 27 ls r trau	-	19a. Informant's Name/Ralationship (	Type, Print)				and Number or Rur ., Hagers				
re,	~ I = 5		20a. Mathod of Disposition		20b. Placa o	of Dispositi	on (Name of lory or othar ple	cel	Data	20c. Location	City or To	wn, Stata
imo			1 ☑ Burlal 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specify				ing Ceme		10-96	Hagers	town,	Maryland
Baltimore,	permit. Pag Department Important: If any Injury o		21. Signature of Funaral Sarvice Licen	1500 N/I	4		ama and Addra	uss of Facility UNERAL HO	ME			
	-		23a Part Enter the disease or com	7/1/U	Much	41	5 E.Wil	son Blvd.	, Hagers	town, Md	. 217	
	Physician /Medical Examiner		23a. Part : Enter tha diseasa, or com shock, or haart failura. List only Immediata Causa (Final disaasa or condition rasulting in death)								(Ea	Approximete interval Between Onset and Death
	Sit 9d	lner	_	, M	Dua to (or es a	consequa A	noa of):	(BALLA	174		0	44(
oʻ	icata be axecuted physician and s tha burial-transit	Examiner	Sequentielly list conditions, if any, laading to immadiata cause. Entar Underlying Ceusa (Diseesa or Injury that initieted evants	Aces	Dua to (or as a	consequa	nce of):	/	An C 7/01		6	VIES
68760,	ata b shysic tha b	edical	that initiated evants rasulting in daath) Last	· //	Dua to (or es a	conseque			1 000		*	
	artific ding p			. H17	ENUS	CCW	well				12	ADE(
Box	auth cart attandin	ian										
P.0.	that tha da	Physician/N	Pert II. Other significant conditions of	ontributing to death,	DIA3		arlying causa give	van In Part I.		tobacco use co Yss 2⊟No	ntributa to	the cause of death
Vital Records,	requiras been sign should be	Completed by	Hyperice.	somia	· 00	ES 17	4.		24e. Wes	en eutopsy ormed?	COL	ere eufopsy findings aliabla prior fo mpletion of causa death?
Re	ha law a has aga 2	mo	•						10	Yas 20 No		Yes 2□No
ta		0	25. Wes cesa rafarrad to medical					26. Placa of Deat				2.00
{ \	S 50	ToB	axaminar? 1 ☐ Yas 2 ☐ No	Hospital: 1 Inpa	tiant 2 ER/O	utpatient	3□ DOA Oth	AP:		dence 6 □Oth	er (Specif	iy)
ion of	nding Phyath. r: Attar thi		27. Manner of Death  1 Netural 5 Panding 2 Accident Invastigation	28e. Data of In (Month, D		Tima of Injury	M 1	ry af rk? Yes 2 □ No	28d. Dascribe	how Injury occur	red	
Division	<ul> <li>Hospital or Attending PI</li> <li>24 hours after death.</li> <li>Funeral Director: After the lateity filled in by the funeral</li> </ul>	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	Zoa. Flace of t	njury - At homa, fa tc. (Specify)	arm, straat	, factory, office		28f. Location (: City or Tox	Street and Numb vn, State)	per or Rum	ai Routa Number,
	To the Hospital or Attending Ph within 24 hours aftar daath. To the Funeral Director: Aftar th complataly filled in by tha funaral	edicai	29a. Cartifiar 1 Cartifying Phyone) 2 Madical Exam	ysician: To the bes niner: On the basis and mannar s	of axamination an	e, daeth oo nd/or Invas	curred et the fir tigetion, in my c	ma, data and place, opinion, daath occur	and dua to tha red at tha tima,	causa(s) and modata and place,	enner es st end dua fo	teted. tha cause(s)
	To the vithin 2 To the comple	M	290. Signaturo principili di consultor	) FAMI	y PH	YSIYA	29c. Licans	se number		29d. Data signe	96 (Month,	Day, Year)
			0 0 1 11.	complated causa of	death (Item 23e)	(Type, Pri	nt)	DV I I	Arte - L	macini-	0041	141
	Sta	te	31. Data filed (Month, Dey, Year)		trar's Signature	/ 7	1 par	ITURN	100 /1	10001	LUN	)
	310	T.C	200 mm ma	00 1.89	104 0 4	W . O . O						

Registrar

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within EX hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiens prior to burial, cremation, or removal.

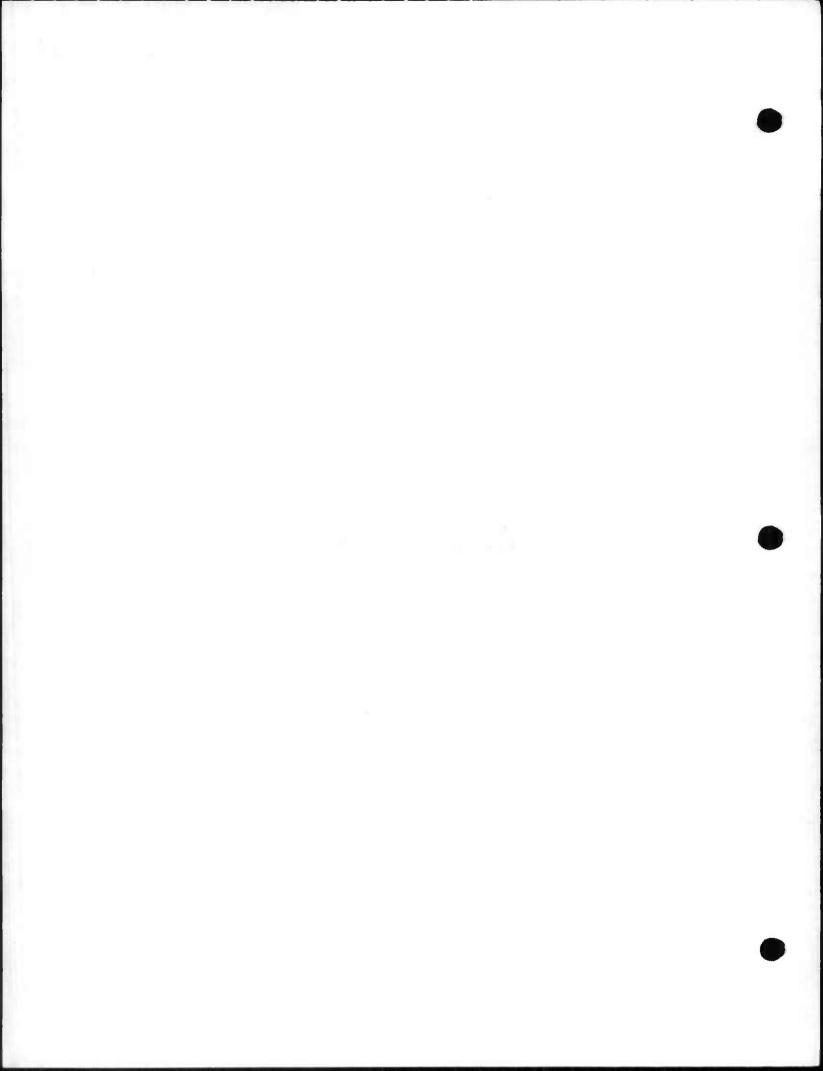
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

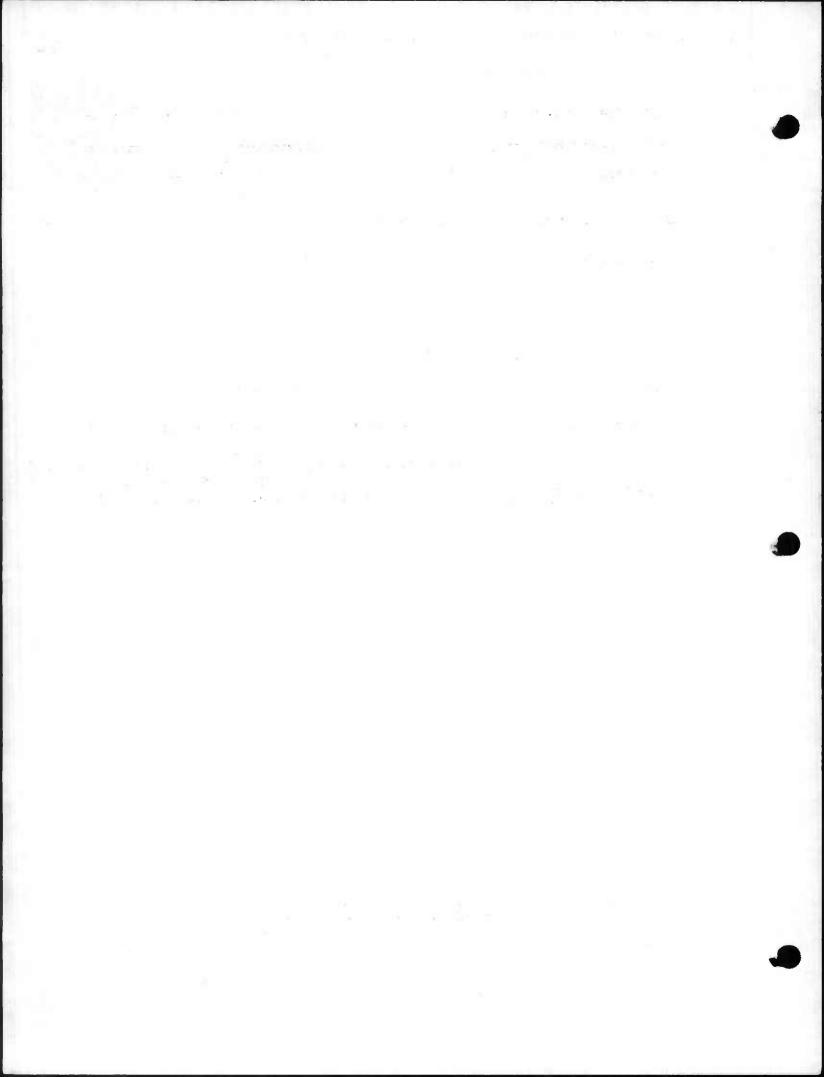
	REGISTRAR		CE	RITEIC	CATE O	- DEAT	Н	R	EG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Lest)  Ronald Elmer	Jacob					2. F	DATE OF S	9, T	996	YEAR	3. TIME OF DEATH 2:20 P.
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. A	GE (In yrs. last b	irthday)	IF UNDER 1 YEAR	IF UNDER 2	4 4000 7	DATE OF B	APCTAL		6. BIRTHP	LACE (State or Foreign
1	162-28-8259	XM2 □ F (	50	YRS.	ONTHS DAYS	HOURS	MIN.	(Month, Den)	26, 1	1935	Peni	nsylvania
	9e. FACILITY NAME (If not institution, give stree	t end number)		9	b. CITY, TOW	OR LOCATION				9c. COU	NTY OF DE	
E	14017 Maugansville	Road	_		Maug	ansvil	le		_	Was	hingt	ton
ᇤ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		T	ioc. CITY.	TOWN OR LOC	ATION						10d. INSIDE CITY
뜸	Maryland Was	hington				ansvil	ما					LIMITS?
귛	10e. STREET AND NUMBER	IIIIgcon				IOI. ZIP CODE	10			10g, CITE		AT COUNTRY?
8	14017 Maugansville	e Road				217	67			US		
FUNERAL DIRECTOR	11. MARITAL STATUS 1:	2. WAS DECEDENT EVE FORCES? 1 Y		D	13. WAS D	ECENDENT OF	HISPANIC C	PRIGIN? (Sp	ecify Yes			- American Indien, White, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O				specify Cuben, ES 2 💢 NO		usrto Rican	, etc.)		Specify.	
	15. DECEDENT'S EDUCAT	TON	I to DECE	DENTIN LI	BUAL OCCUPA			T		- 1		White
	(Specify only highest grade cor	mpleted)	(Give	kind of wor	k done during i retired.)	nost of working		16b. KJN(	OF BUS	NESS/INO	USTRY	
COMPLETED	12	College (1-4 or 5+)			visor			Ma	ck T	ruck		
00	17. FATHER'S NAME (First, Middle, Last)						R'S NAME (					
BE	Elmer George	Jacob				Bere			acho			
0	19e. INFORMANT'S NAME (Type/Print)					and Number o						01767
	Barbara M. Jacob						Road					. 21767
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)		20b. PLACEANS COMMETERY, Crome REST	Have	pisposition/ in Ceme	etery	12	2/13			OWN,	Maryland
	21 SIGNATURE OF FUNERAL SERVICE LICEN	SEE -	-0		COT 2	AND ADDRESS	OF FACILITY	rh.	305	N D	ntoma	c Street
	Leuda 0 1, 01	unne	h			al Hom						aryland
	23. PART i. Enter the diseases, or con abock, or heart failure. Lis	nplications that cau	sed the death	n. Do not	enter the m	ode of dyln	g, such as	cardiac	or reepir	atory arr	est,	Approximate
	IMMEDIATE CAUSE (Final	n only one cause o	ii dacii iiile.									Interval Between Onset and Death
	disease or condition resulting in death)	dun	q C		cer	/						9 months
		DUE TO JOR	A CONSEQUE	NCE OF):								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUE	NCE OF):								
8	cause. Enter UNDERLYING CAUSE (Disease or injury											
F	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUE	NCE OF):								
Ä	d											
	PART ii. Other significent conditions of	ontributing to deat	h but not res	uiting in	the underlyi	ng cause giv	ven in Peri	i. 24a.	WAS AN A			VERE AUTOPSY FINDINGS
EDICAL								1.	PERFORM		0	MAILABLE PRIOR TO COMPLETION OF CAUSE
ME									/	7		F DEATH?
	DID TOBACCO USE CONTRIB	SUTE TO CAUSE	OF DEATH	I YES	NO I	UNCE	RTAIN [					
PHYSICIAN:		OSPITAL:		10	(Check only on	)						
IYS	t YES 2 NO 1	Inpatient 2 ER/O		DOA 4	☐ Nursing Ho		dence 8 🗌					
	Netural 5 Pending	(Month, Day, Yea		8b. TIME C	Y V	JURY AT ORK?		1. DESCRIB	E HOW IN	JURY OCC	URED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJ	URY At home,	farm, atre				LOCATION	(Street or	d Number	or Rural Rou	ita Number
TED	4 Homicide 6 Could not be	building, etc. (3	Specify)		,			City or Tow			or vital article	No Nonibo.
COMPLET	29e. CERTIFIER CERTIFYING PHYSICIA	N: To the best of my ki	nowledge, death	occurred	at the time, de	te end place, s	and due to th	ne cause(e)	and mann	of an elete	ų.	
MO	one) 2 MEDICAL EXAMINER: (											ind manner es stated.
Ö	796. BIGHATURE AND TITLE OF CERTIFIER	4				_	SE NUMBER					fonth, Day, Year)
	Hand Han	dan	m	) .		104	64	73	.	<b>&gt;</b>	2/12	2/96
٩	30. HAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	DEATH (ITEM 2		^			1	1	tola	PHAN	FOLLON
	Mind Hamdan	1. M.D. 3	363 S	Cle	velan	rd A	le; #	201	0	7	MD	21740
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	CHATHE						/			



# Please Type or Print in Biack indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate o	r Death	F	Reg. No.		
		1. Decedent's Nama (Fire	st, Middle, Las	st)					2. Date of Dea	ith	Voa-	3. Time of Dead
Physic /Med		Anna Mou	lton J	ennings					Month	Day	Year	10 An
Exam		4a. Facility Name (If not it			)	7/1		4b. City, Town, or		4c. County		
		Washingt	on Cou	nty Hospi	tal			Hagerst	OWn	Wasi	hingt	02
Funera	1	5. Social Security Number	er 6. S	ex 7. A	ga (In yrs. la	ast birthday)	If Undar 1 Ya Months Day	ar if Under 24 Hrs	8. Data of Birth (Month, Day March 2	Veer)	9. Birthol	aca (State or For
Director	r	220-34-8074		□ M 2 1 7 F	96	Yrs.	WOULTO Day	3 TIOUTS WITH	March 2	, 1899	Flor	ida
2 >		Usuai Residenca of Dece			10- 07-	T						
natural', or items 23a or 23a-f show	-	1,000	. County			, Town or Loc					10	Od. Inside City Lin
3	5		shingt	on	Во	oonsbo	ro					1 □ Yas 2√□
6 6	Director	10e. Street and Number					10f. Zip Code			10g. Citizen of W	/hat Coun	try?
23		7531 Shady	Lane				2	1713		U.S.A.		
E J	Funeral	11. Marital Status		12. Was Decedant Armed Forces		3. 13. W	Vas Dacedent of Yes, specify C	f Hispanic Origin? (Suban, Maxican, Puer	Specify Yas or No- to Rican, etc.)	14. Race Blac	- America k, Whita,	
2 8	F	1 ☐ Naver Married 2	_	1 ☐ Yas 2 🔯	No		□Yas 2₩N			Specify		
- 4	d by	3 ☑ Widowed 4 □ [	Divorced	Yaar or Datas:				-,,			hite	
net drag	Completed	15. I (Specify on	Decedent's Ed	lucation de completed)		(Give k	ant's Usual Occ kind of work do	e during most of wo	orking	16b. Kind of Bu	siness/Ind	ustry
than "	E	Elemantary/Secondary	(0-12)	Coilege (1-4or	5+)		OO NOT use ret	· ·				
Hygie ont, pr	ပိ	12	Add do 1 1	4		Regis	tered N		451 . 841.44	Hospit		
d out	Be	17. Fathar's Nama (First, Fred Hi							me (First, Middle,	Maiden Sumam	e)	
if of Health and Mental Hygiene. If Itam 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examiner mast be multified at	2								Moulton			
is m raum		19a. Informant'a Name/R		Type, Print)		19b. Mailing	g Addrass (Stre	et and Number or A	ural Routa Numbe	r, City or Town,	State, Zip	Code)
of Health I Itam 27 is r other tra		Challis Woo			201 01	7531	Shady	Lane Boo	nsboro,	Maryland	217	13
If its		20a. Method of Disposition 1 ☐ Burial 2 💆 Cre	ın mation 3 □	Removal from State	20b. Pis	metery, crem	sition (Name of natory or other p	olace)	Date	20c. Location -	City or To	wn, State
ant:		4 □ Donation 5 □ 0	Other (Specify	v)		erstow	n Crema	LLOLY	14-96	Hagers	town.	Maryla Maryla
Depertment of It important: If its any injury or or once.		21. Signature of Funeral	Service Licen	1500	4	22.	. Name and Add	fress of Facility M	innich F	uneral H	lome	
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		23a. Part1. Enter the dis	aasa, or com	plications that causa	d the death.						T	Approximata
nysician		snock, or neart tallu	Ira. List only	ona ceuse on each l	na.						İ	Interval Betwaer Onsat and Deatl
Medical		Immediate Cause (Finei			1	0 - 011-	e pr	eurru	el.			122
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physician and s the burial-transit	Examiner	Sequentially list condition		b	/-	as a consequ		-				
an ar rial-tr		Sequentially list condition if any, leading to immedia causa. Enter Underlying	ate			-						MINU
sloie bu	edical	Cause (Disease or injury that initiated events	<	C	1	as a consequ	-				-	mu
> 2	175	rasulting in death) Last				ao a corrocqu					į	
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anding use es	2		conditions or	d.	ut not resuit	ting in the up	iderlying cause	niven in Part I	23h Didt	obecco use con	atribute to	the cause of de
anding use esu	2	Part II. Other algorificant	conditions co	dontributing to death t	out not resui	ting in the un	derlying cause	given in Part I.				
ed by the ettending detached for use er	Physician/M		conditions co	d	out not resui	iting in the un	derlying cause	given in Part I.		obacco use con /es 2K No		
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#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF DE	ATH	REG. NO.		
Į,	Agnes, Isabel, Jen	rd <b>an</b> Jordan	1			2. DATE OF DEATH Feormary	199	SAR 3. TIME OF DEATH 1:20 p.m.
	4. SOCIAL SECURITY NUMBER 212-38-9537	1 □ M 2 ☑ F	SS YRS.	IONTHS DAYS HOU	IRS MIN.	7. DATE OF BIRTH (Month, Day, Year) October 6	1907	BIRTHPLACE (State or Foreign Country) Maryland
тов	99. FACILITY NAME (If not institution, give a Fahrney Keedy Men RESIDENCE OF DECEDENT			Boonsbor		<b>ТН</b>	9c. COUNTY Wash	ington
DIRECTOR	Maryland Was	v hington		town on Location Hagerstown	3			10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 11012 Rosewood Dr			10f. ZIP				OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER H FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDE	NT OF HISPANIC	C ORIGIN? (Specify Yes Puarto Rican, atc.)		S.A.  RACE — American Indian, Black, White, atc.  Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during most of w retired.)		16b. KIND OF BUS	E-E-S-ME-E-S	TRY
N.		0	Cafete:	ria Worker		Education		ystem
	17. FATHER'S NAME (First, Middle, Last)			18. 1		E (First, Middle, Meiden		
BE	Earl Carter  190. INFORMANT'S NAME (Type/Print)					ie McCaul		
2	Judy A. Lefever			Marcia Co		Roosspare		1and 21713
	20a, METHOD OF DISPOSITION 1 🔯 Buriel 2 🗆 Cremetion 3 🗆 Reme	oval from State   CON	D. PLACE AND DATE OF	DISPOSITION (Name of		DATE 20c, LOC		or Town, State
	4 Donation 5 Other (Specify)		Rest Have	Cemeter;	7 2-15	96 Hay	gersto	wn, Maryland
- 8	→ Scott	Min	uch	415 E. V	vilson	Minnici Blvd. Hag		ral Home wn, Md. 21740
	23. PART I. Enter the diseases, or canonic abook, or heart felium.	complications that caused List only one cause on e	d the death. Do no	t enter the mode of	dying, auch	as cardiac or respir	ratory erreat	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Preum	1					Interval Between Onset and Death
_			consequence of):		1110			United
VTIO!	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO OR AS	CONSEQUENCE OF):	01 1000	/	n disco		7 WKS
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	C. HTWO SC DUE TO (OR AS A	CONSEQUENCE OF):	Caracove	escura	n auso	ne	2 YRg
	DADT II Oshor electricos esediates							
PHYSICIAN: MEDICAL	PART ii. Other significent condition	a contributing to deeth b	out not resulting in	the underlying cau	se given in P	ert I. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C	DE DEATH YES	Пиопи	NCEPTAIN			1 TES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		TTOLKIMIT			
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp	patient 3 DOA 4	THER:	Residence 6	Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJURY A WORK?	т :	28d, DESCRIBE HOW IN	JURY OCCUR	ED
ВУ	2 Accident Investigation	26a. PLACE OF INJURY	— At home, farm, stre	XM 1 YES		28f. LOCATION (Street or	nd Number or F	Bural Route Number
ETEC	4 Homicide 8 Could not be determined	building, etc. (Spec	cify)			City or Town, State)		
COMPLETED		CIAN: To the best of my know						ruse(e) and manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	12		D	UCENSE NUMB	196		GNED (Month, Day, Year) 6 12, 1996
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, PAN)	//	Boon	5 BORD		
	FFR 1 9 1906	32 Magirnan's suon	ATURIN					

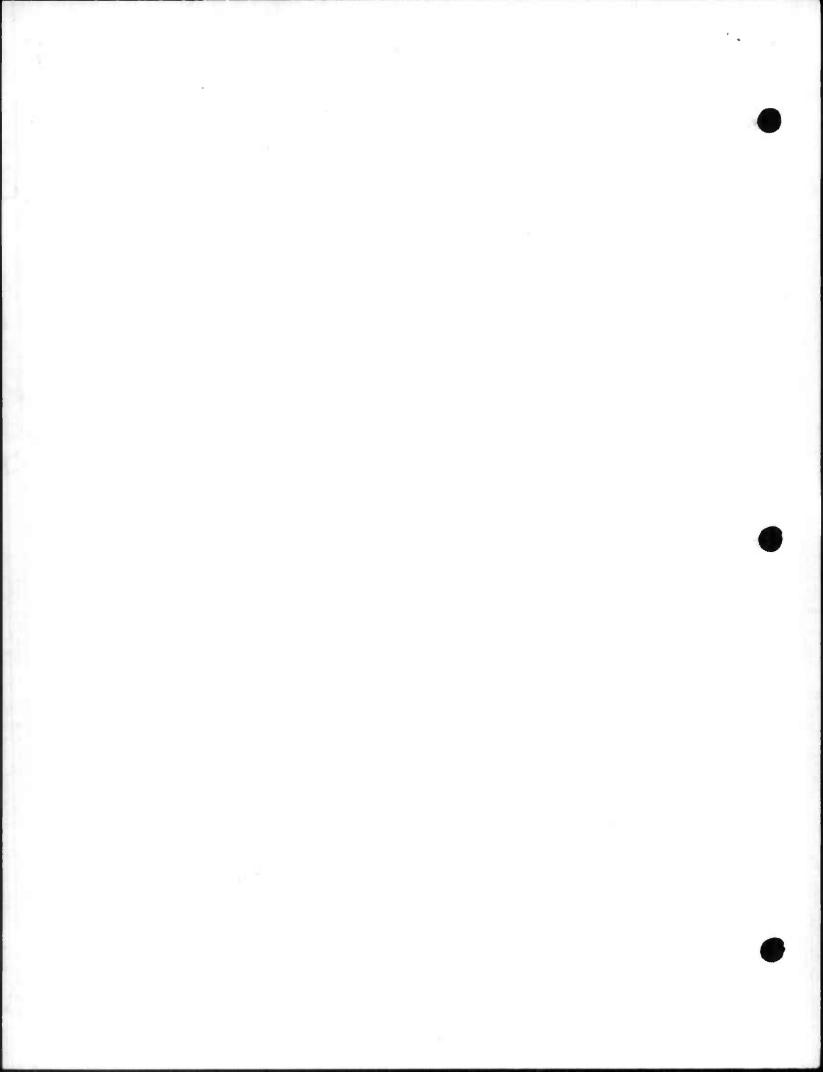
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

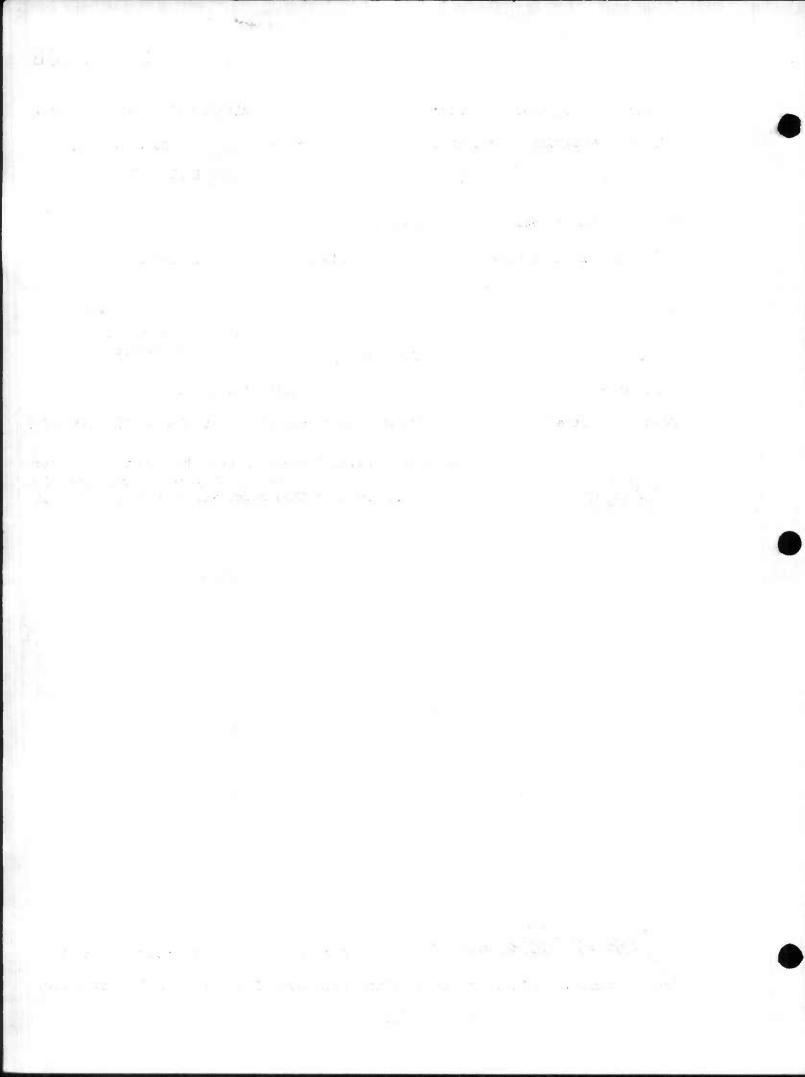


#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

05888

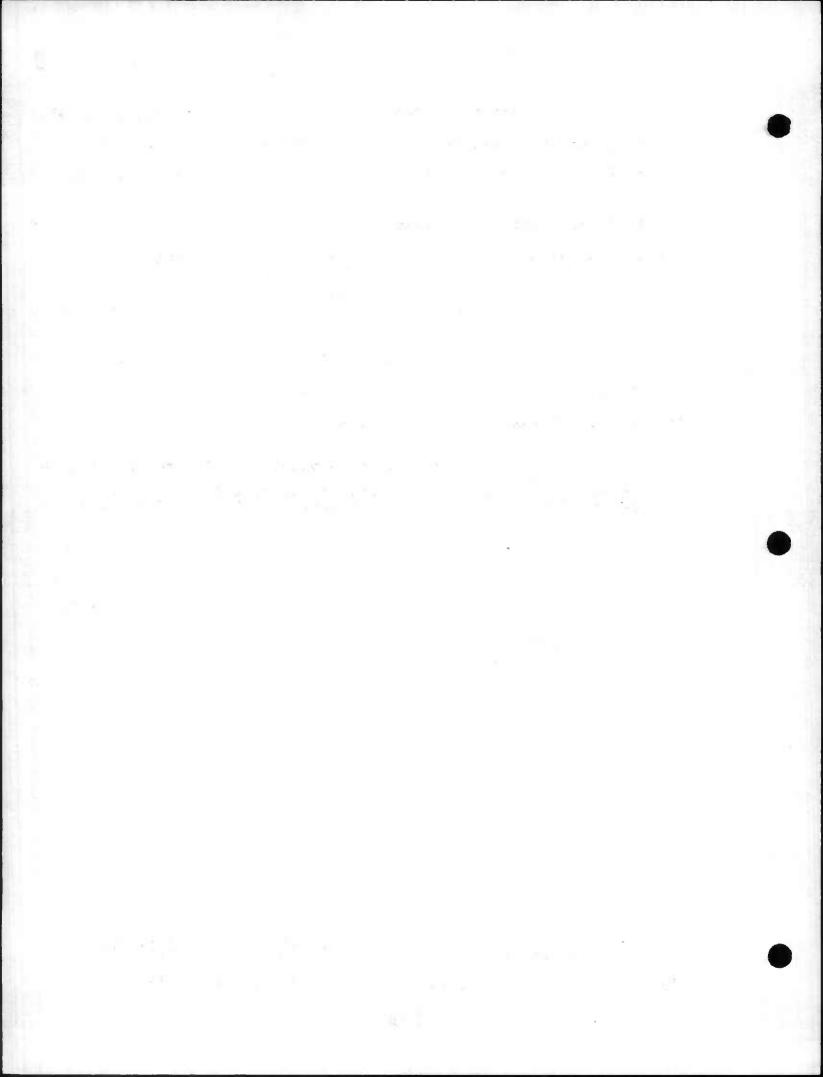
								Cer	titicate of	Death			Reg. No.			
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	/ledic amin		4e. Fecility Neme (		giva street and n		CROOM			4b. City, Town					Q.i	LUAM
A	aiiiiii	51			ealth Ca		ntor			1	n = 1 d				1 1	
			5. Sociel Security N		6. Sex		n yrs. last bii	thday)	If Undar 1 Yaar		poli		dh Ann	e Aru		or Enmison
Fun Direc					1□ M 2□XF			Yrs.	Months Days		Min.	Dete of Bi (Month, D	ey, Year)	Count	eca (Steta d	i roraigii
Direc	Cloi		217-44-04 Usuel Residence o			8	4				ρt	TTA 2	1911	Illi	nois	
and *	10	Ì	10e. Stete	10b. County		10	Oc. City, Tow	n or Lo	cation					10	Od. insida Ci	ity Limits
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72 hours after death with the Manyland "neturel", or Items 23s or 28s-f ahow	Mr.	Funeral	11. Maritai Status			Forcas?	ir in U,S.	13. V	Ves Decedent of Yes, specify Cul	Hispanic Origi ban, Maxican,	n? (Specif Puarto Ric	y Yes or No can, atc.)		ce - Amarice ck, Whita, a		
d 2 should be filed within 72 hours after th and Mental Hygiena. 7 Ia marked other than "naturel", or h	i i		1 Never Merr		ed 1 ☐ Yes If Yes, 0	s 2∭ No Give		1	☐ Yes 2☐Xio	Specify:			Specif	v:		
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Alent Alent rked	သူ	0	John Mo	oses						E1	iza A	Ann F	ikes			
2 should be and Mental la marked or	E		19a. Informent's No	eme/Relationshi	lp (Type, Print)		19b	. Mailin	g Address (Stree	et and Number	or Rural F	Route Numb	ber, City or Town	, Stete, Zip	Code)	
nd 2	other traumatic event,		John M.	Gwaltr	ney		2	0 P	ine Arbo	r Lane	#201	l Vei	ro Beach	. F1o	rida	32962
Haalth Health	eg	ŀ	20e. Method of Dis	position			20b. Piece o	Dispos	sition (Neme of			Dete	20c. Location			02702
nt of	5				3 ☐Removel from	m State			natory or other pla			1==1=				
permit. Pagas 1 an Department of Haa Important: If Item 2	<u> </u>	-		5 Other (Spe			Lakemo		Memorial							
epa npodu	any ic		21. Signature of Pu	ineral Service Li	icensee			22.	. Nema end Addr	ass of Facility	John	M. Ta	aylor Fu	neral	Home	, Inc
00=	a OI		P 1380	Samo				1	47 Duke	of Glo	ucest	ter St	t. Annap	olis,	MD 2	1401
			23a. Pert1. Enter to shock, or hea	he disease, or o	omplications thet	t caused the	deeth. Do	not ente	or the mode of dy	ing, such es ca	ardlec or r	espiretory	arrest,	1	Approximat Intarvai Bet	ie
Physic	lan		arroad or riod	it tollara. Elat o	iny one odess on	r ooor mio.								1	Onsat and	Death
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Exami	ner		rasulting in deeth)	VT)	θ		· · · · · · · · · · · · · · · · · · ·									
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0 0	detached for	Physician	Pert ii. Other signif	Icant condition	s contributing to	death but n	ot resulting in	n the un	derlying ceuse g	iven in Pert i.		23b. Did	tobacco use co	ntribute to	the cause	of death?
that tha	atac	5										1	Yes 2 No	3 Prob	ably 4	Unknown
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Attending ir death. octor: Afta	ar i	3	2 Accident	Investiga	ition				M 1	Yes 2□No	0					
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s after	5	Certification:			5011	ding, oto. (c	specify,					o.,, o	,			
the Hospital hin 24 hours the Funeral			29a, Certifier	1 Certifying	Physician: To th	na best of m	y knowledge	, deeth	occurred et the t	ime, date end	plece, end	due to the	ceuse(s) end m	enner es ste	eted.	
24 Fu	9	edicar	(Check only one)	2 Medicat Ex	xaminer: On the	besis of exa	amination an	d/or inv	estigetion, in my	opinion, deeth	occurred	et the time	, date end piaca,	end due to	the ceuse(s	5)
Within To the	E !	Σ	29b. Signature and	title of certifier	1				29c. Licen	sa number			29d. Date signe	ed (Month, L	Dey, Year)	
- > -	0		b //	11.11.	6/11/1	lun				0710						
			good	011						0718			Februa	ry 13	, 1996	)
			30. Neme end eddr				, ,									
					on, M.D.	2003	Medic	a1 1	Pkwy. #1	.00 Anna	apoli	ls, MI	21401	(410 - 3)	573-1	110)
	Stat		31. Date filed (Mon			Registrer's	-	1								
Reg	gistra	r	t	EB 20	1996	100 E	water if	ade	II,							
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				State of Ma	ryland /	Certific	ate of	Death		Reg. No.	0	5889
п	Physic	ian	Decedant's Nama (First, Middla, Las						2. Data of De Month	ath Day	Year	3. Tima of Death
J,	/Medi	cal	4a. Facility Nama (If not institution, give	Mary Ha	yes J	ohnson		Ib Ob. Tours or	Februa Location of Death	ry 13,	1996	9:38am
d	Examir	ner	The state of the s		1				Location of Death			
Н	Funeral		Atlantic Gener  5. Social Security Number 6. Sa		tal (In yrs. last b		der 1 Yaar		8. Data of Bir	Worce		T lace (Stata or Foreign
	Director		084-20-9359 Usual Rasidence of Dacedant	□ M 2( <b>Y</b> F	70	Yrs. Monti	hs Days	Hours Mir	(Month, Da 7 - 9 - 1	y, Year)	Coun	York
	Marylenc f show	tor	10a. Stata 10b. County  Maryland Worces		10c. City, To	wn or Location					1	0d. Inside City Limits 1 ☐ Yas 2 ☐ No
	r 28a	Director	10e. Street and Number	ter	Deri		Zip Coda			10g. Citizan of V	Vhat Coun	itry?
	h wit		5 Deep Channel	Drive			2181	1		USA		
0	be filed within 72 hours efter death with the Maryland nat Hygiene.  Ed other than "natural", or fierns 23a or 28a-f show event, the Medical Examiner must be notified at	/ Funeral	11. Marital Status 1 □ Navar Married 2 ☑ Married	12. Was Decedant Ev Armed Forcas? 11 Yas 2 □ No If Yas, Giva			cedant of H specify Cuba	ispanic Origin? ( in, Maxican, Pua Specify:	Specify Yas or No rto Rican, atc.)	- 14. Raci Blac Specify	e - Amaric k, Whita,	
000	aral',	d by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas:						Зреспу	wh	ite
21215-0020	n 72 h	Completed	15. Decedant's Ed (Specify only highast grad	ucation da <i>completed</i> )	16	Giva kind of	sual Occup work dona	ation du <i>ring</i> most of wo ()	orking	16b. Kind of Bu	isinass/Inc	dustry
112	filed within Hygiene.	Ę	Elementary/Secondery (0-12)	Collega (1-4or 5+						**		
	Hygid other	Be Co	17. Fathar's Nama (First, Middla, Last)	4		поше	make		ma (First, Middla,	HOI Maidan Sumam		
lar	should be filed and Mental Hygi marked other matic event,	ToB	Leo Hayes					Marior	Newel	1		
Maryland	s 1 and 2 should be I Health and Mental tem 27 is merked o other traumatic eve		19a. Informant'a Neme/Ralationship (7	ype, Print)	19	b. Meiling Addr	ass (Street		lural Routa Numb		Stata, Zip	Code)
	27 = Z		Charles E. John	son		ame as		-				
ore	00		20a. Mathod of Disposition  10☐ Burial 2 ☐ Cramation 3 ☐	Ramoval from Stata	20b. Place cemati	of Disposition (i	Vama of or other plac	e)	Data	20c. Location -	City or To	wn, Stata
Eim	ment ant: lury		4 ☐ Donation 5 ☐ Othar (Specify		MD_V	eteran	s Ce	netery	-20-96	Crowns	svil	le, MD
Baltimore,	permit. Pag Department Important: Il any Injury o		21. Signatura of Funaral Sarvice Licens	//		Barr	anco	and So	ons Fun	eral Ho	ome	21146
			23a. Part1. Enter the disease, or comp shock, or heart failure. List only o	olications that aused the	na daath. Do	not antar tha n	noda of dyln	g, such as cardia	c or raspiratory e	rest,	110	tntarval between
	Physician /Medical Examiner		Immediata Causa (Final disaesa or condition rasulting in death)	Bren	t Chr	ter						Onsat and Death
		ner	rasulting in daalit)	( Please	ue to (or as e	consequence	of):				(	mean
, 0,	death certificate be executed to attending physician and of for use es the buriel-transit	I Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Causa (Disease or Injury	unons	ua to (or as a	consequence (	ot):	lez				n24°
68760,	physic s the b	edical	that initiated evants rasulting in death) Last	D.	ua to (or as a	consequance o	of):				^	. P.C.
Box (	attending I for use es	Physician/Me		d Jegse	4							- XIII
	he att	sici	Part II. Other significant conditions co	ntributing to death but	not rasulting	in tha undarlyin	g causa giv	an in Part I.	23b. Did	obacco use cor	ntribute to	the cause of death?
s, P.O	es that the de igned by the a be detached	by Phy							10	Yes 2□ No	3 □ Prot	pebly 4 34 Michael
Records,	aw requii ss been s 2 should	Completed							24a. Was perfo	an autopsy med?	ava	ara autopsy findings ailabla prior to mpletion of cause daath?
	The ate h	Con							10	as 2 No	1 🗆	Yas 2□ No
Vita	Physician: The this certificate rai director, pag	Be	25. Was case refarred to medical axaminer?	Magnital:			Oth		eth (Check only o	na)		
ō	Phys this ai di	. To	1 Yas 3 No 27. Menner of Deeth	Hospital: 1 Inpatient 28a. Data of Injury		utpatient 3 Tima of	DOA Oth	4 Li Nursing	Homa 5 Rask	danca 8 Othe		)
on	ding ih. After funer	tion	1 Natural 5 Pending 2 Accidant Invastigation	(Month, Dey	(ear)	Injury	28c. tnjun Worl	(? Yes 2 □ No	200. Dascribe i	iow injury occurr	90	
=	i or Attending after death. I Director: After d in by the fune	Certification:	3 Suicida 6 Could not be datamined	28a. Place of Injury building, atc.	/ - At home, f (Specify)				28f. Location (3 City or Tox	Streat and Numb m, Stata)	er or Rura	/ Routa Number,
	To the Hospital or Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	edical C	29a. Cartifier (Check only one) 1 Certifying Phy 2 Medicai Exami	sician: To the best of a iner: On the basis of a and manner state	xamination a	e, death occurrend/or invastigati	ed at tha tim lon, in my of	a, data and plac binion, daath occ	e, end due to the urred at tha tima,	cause(s) and ma data and placa, s	nnar as st and dua to	eted. tha cause(s)
	Withir To th	Me	29b. Signatura and titla of certifiar				29c. Licansa	number		29d. Data signed	(Month,	Day, Year)
			30. Nema and addrass of parson who co	m po	th /Itam 224	(Type Print)	44	3617		2/13	19E	
			DioTT Sweener	11220	Rea	uc her	mo R	J Berl	in Mo	2181	(	
	Sta	te	31. Data filad (Month, Day, Year)	32. Ragistrar	s Signatura	T.	0		ivi Mo		•	
	Registr	ar	FEB 21 1998	Table dies	derka	fall						
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DHMH 16 Rev 6/95



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State of Maryland / Department of Health and Mental Hygiene 96

96 05890

					, ,	ertificate of	Death		Reg. No.		3030
П	Physic	ion	1. Decedent's Neme (First, Middle, L.	T				2. Dete of De Month	eth Dey	Year 3.	Time = 5 th
E	/Medi		TAYLOR	JONES				FEB.	13, 19		916 PM
A	Exami	ner	4e. Fecility Nama (If not institution, gi NORTH ARUNDE)		T II D		4b. City, Town, or		,		
L						lf Undar 1 Year	GLEN B			E ARUN	
	Funeral Director		212-37-1862 Usuel Residence of Decedent	Sax 1)⊆](M 2□ F	a (In yrs. last birtho	Months Days			y, Year)	9. Birthplace Country) MARYLAN	(Stete or Foreign
	/land		10e. Stete 10b. County		10c. City, Town o	r Location	/			10d. l	nside City Limits
	Man	to	MARYLAND ANNE AF	UNDEL	PASADENA	A				1	Yas 2□No
	or 28	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of 1	Whet Country?	
	23a	rai	72 MAGOTHY BEA	CH ROAD		21122			US		
020	filed within 72 hours after death with the Maryland Hyglena. ther than "natural", or items 23a or 28e-f show ord, the Medical Exercises must be noticed at	by Funeral	11. Marital Status  1  ↑  ↑  Never Merried 2 Married  3 Widowed 4 Divorced	12. Was Decedant Armed Forcas? 1 Yes 2 XX If Yes, Give Yaar or Dates:	Ever in U,S.	13. Was Dacedent of If Yas, specify Cub 1 ☐ Yes 2 ☑ No		pecify Yas or No to Rican, atc.)	- 14. Rac Biad Specify	ce - American ir ck, Whita, atc.	ACK
5-0020	72 hou	Completed	15. Decedent's Education 16e. Decedent's (Specify only highest grade completed) (Give kind of Gi				pation		16b. Kind of B	usiness/Industr	у
2121	ithin a	nple	Elementery/Secondery (0-12)	College (1-4or 5	i+)	ive kind of work done ie. DO NOT use retire	ed)	rking			
2	Hygler ther tr		0	0		NONE	1	450	NONE		
aryland	o da b	Be B	17. Fathar's Nama (First, Middle, Las	"				ne (First, Middle,		10)	
2	d 2 should be filed th and Mental Hygi 7 is marked other traumatic event, it	2	MAURICE T. JONES  19e. Informent's Name/Reletionship	(Type Print)	10b M	alling Address (Stree		A. KER		State 7in Con	(0)
2	TELE		KENNITA KIRBY JON								
more	of Health of Health I item 27 r other tr		KENNITA KIRBY JONES  7802 SOUTHAMPTON DR. APT. J GLEN BURNIE  20e. Method of Disposition  20b. Pleca of Disposition (Neme of cematary, cremetory or other pleca)  20c. Location - City								
	Pages nent of I int: If ite		1 Description 3 Remove from State 4 Donetion 5 Other (Specify)  MT. ZION CHURCH CEMETERY 2/17/96 PASADENA, MARYLAND								
a	permit. Pages 1 a Department of Her Important: If item any Injury or othe		21. Signeture of Funarai Service Lice	nsae		22. Neme end Addr REESE & SO				,	
m	88 5 8 8		Harry.	J. Xe		321 WEST S					
			23a. Pert1. Enter the disease, or con shock, or heert feilure. List only			enter the mode of dy	ing, such es cardier	or respiretory e	rrest,	App	proximate prvai Between
	Physician		- market by			1					set and Deeth
	/Medical Examiner	П	Immadiate Ceuse (Finel diseese or condition resulting in daath)	a. Airuc b. Food	in ob:	struction	1			1	
Ξ	1,30	je je			Due to (or es e con	sequence of):					
	orted ansit	Examiner	all control of the control			, , , , , , , , , , , , , , , , , , , ,					
o î	death certificate be assecuted e attending physician and of for use as the burlal-transit	Exa	Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Cause (Diseese or Injury that Initieted evants		Due to (or es e con	sequance or):				1	
68760,	ysicia ysicia ne bur	edical	Cause (Diseese or Injury thet Initieted evants	C	Dua to (or as e con	sequence of):					
	ng ph as th	5	resulting in deeth) Lest							į	
õ	eath cert attendin I for use	Physician/		d							
0	the all	/sic	Part ii. Other significant conditions	contributing to death be	ut not resulting In th	a underlying cause g	iven in Pert I.	23b. Dld 1	lobacco use co	ntributa to the	cause of death?
	hat the							10	Yes 25 No	3 Probably	y 4 ☐ Unknown
ecords,	law requires that the des las been signed by the a s 2 should be detached f	Completed by							en eutopsy rmed?	avallab	utopsy findings le prior to tion of causa h?
	0 - 0	TO.						1) En	Yes 2□No	1 ₽Ya	s 2 No
Hecords, P.O.	iclan: The certificate rector, pay	Be	25. Wes case referred to medical axeminar?				26. Plece of Dea	ath (Check only o	nne)		
>	Physiclan: rthls certific rral director,	10	1 X Yes 2 □ No	Hospitel: 1 Inpatia	nt XIXER/Outpa	TION 3LI DOA		lome 5 Resid			
L C	ding Phys h. After this funeral di	i.i	27. Menner of Deeth 1 □ Neturei 5 □ Pending	28e. Dete of injui	Year) Inju	ry Wo			now Injury occur	.1 . 3	
SIC	death death tor: / the f	cat	2 Accident investigetion 3 Suicida 6 Could not to	2 1)	96 17	79	Yes 2 No		ed un		09.
Division	Bree Direct In by	Certification:	4 Homicide determined			street, fectory, offica		City or Tov			ute ivamber,
	apita nours neral		29e. Certifier 1☐ Cartifying PI	veician. To the hest of	ol my knowledge, de	eeth occurred et the ti	ime, dete end plece	and due to the	ceuse(s) and me	anner as stated	
	To the Hospital or Attending P within 24 hours after death. To the Funeral Director: After to completely filled in by the funeral	edical	(Check only Medical Example)	niner: On the besis of end manner sta	examinetion end/or	r investigetion, in my	opinion, deeth occu	rred et the time,	dete end piace,	and due to the	cause(s)
	To the Comp	ž	29b. Signeture end little of certifier	0//1			se number		29d. Date signe		
				17 Cal		0.C.	.M.E		FEBRU	ARY 14	1, 1996
			30. Nama and eddress of person who	completed cause of d							
		1 1	11/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	NIEL	111	Penn Str	reet Ra	ltimor	o Mar	backy	21201

State

Registrar

31. Dete filed (Month, Dey, Year)

FEB 22 1996

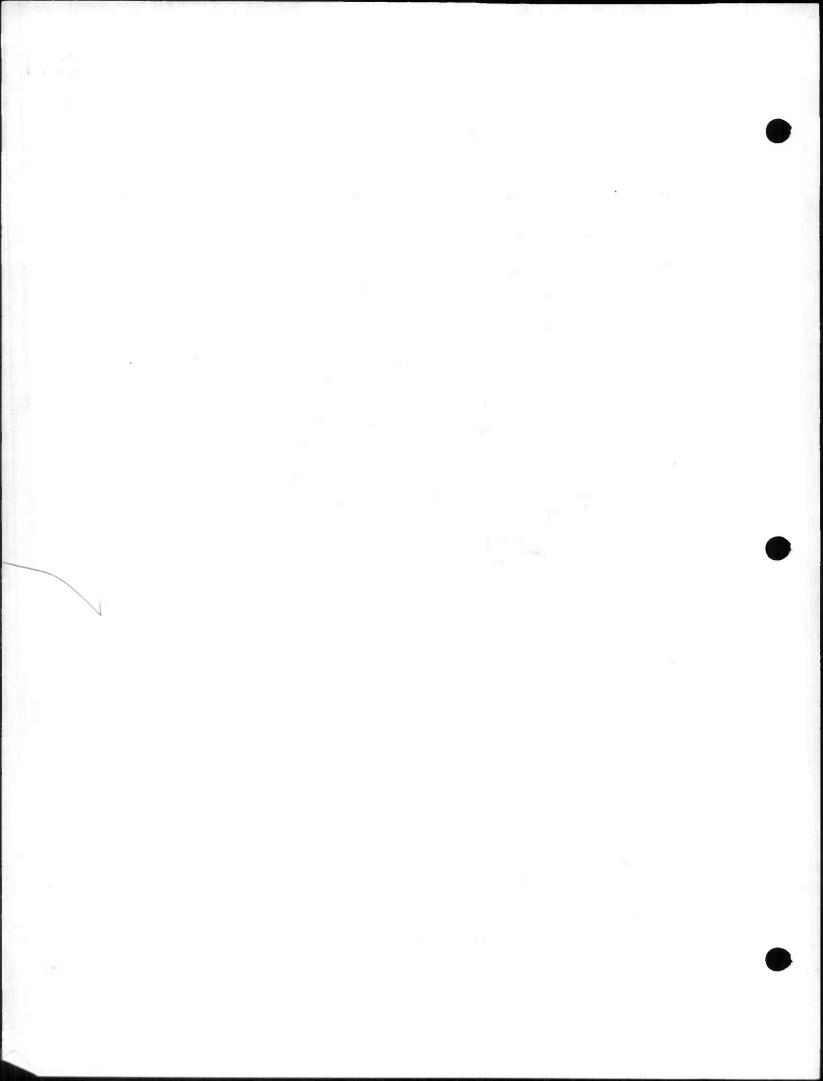
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF			GIENE G. NO.				
	1. DECEDENT'S NAME (First, Middle, Las	0				2. DATE OF DE		YEAT	3. TIME OF DEATH		
,	НОМ	JARD S. JOHNSO	N			EEB 1	2 1996	TEA	12:05 - 2 "		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	in yrs. last birthday)	IF UNDER 1 YEAR	-	7. DATE OF BII (Month, Day,	RTH		RTHPLACE (State or Foreign puntry)		
	218-12-9385 9s. FACILITY NAME (If not institution, give		72 YRS.		OR LOCATION DE D	JAN. 2	1924		ARYLAND		
DIRECTOR	ANNE ARUNDEL MED			ANNAE					ARUNDEL		
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	(TY	10c. Cl1	TY, TOWN OR LOC	ATION				10d. INSIDE CITY		
B	MARYLAND ANNE	ARUNDEL	AN	NAPOLIS					LIMITS?		
	10s. STREET AND NUMBER				101. ZIP CODE		10g.	CITIZEN C	OF WHAT COUNTRY?		
FUNERAL	330 FOREST BEA	CH ROAD			21401				US		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ECENDENT OF HISPA specify Cuban, Maxico			- 14. R	IACE — American Indian, Ilack, White, atc.		
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		ES 2 NO Specif		arcory	S	specify:		
	16. DECEDENT'S EI	DUCATION	16a. DECEDENT'S	LISUAL OCCUPA	TIDN	16h KIND	OF BUSINESS		BLACK		
ETE	(Specify only highest gra	College (1-4 or 5 +)	(Give kind of life, Do NDT u	work done during .	most of working	TOUR KIND	01 000111200		"		
PL	7th	0	MECHANI	·C		PEAR	RMON TE	HICKT	ING CO		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
BE C	RIDGLEY JOHNSO	N			BEULA	H_STANS	BURY_				
10	19a, INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	t and Number or Rural	Route Number, Cli	y or Town, State	Zip Code	)		
-	ALVA JOHNSON				ACH_ROAD						
	20e. METHOD OF DISPOSITION  (XX) Burial 2 Cremation 3 Re		PLACE ANO DATE				20c. LOCATION				
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		ROKY BKC		CEMETERY AND ADDRESS OF FA		ANNAL	OLIS	5, MD.		
	7/-	M for			E & SONS		RY, P.A				
	Harry	V.X. Le	20		WEST ST.				1401		
	23. PART I. Enter the diseases, o shock, or heart feilur IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that caused re. List only one cause on e	d the death. Do ach lina.	not enter the r	node of dying, suc	ch as cardisc o	or respiratory	srrest,	Approximate Interval Between Onset and Dasth		
	OUE TO (DR AS A CONSEDUENCE OF):										
N	Sequentially list conditions,	b									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEDUENCE	)F):							
FIC	CAUSE (Disease or Injury that initiated events	c. DUE TO (DR AS /	CONSEDUENCE D	OF):					<u> </u>		
E	resulting in death) LAST	4									
	DART II. Other elections and its	a Wi		la Ab a Apple	lum annum aluma ta	Dati La					
NA I	PART II. Other algnificant conditi	CAPIL	out not resulting	in the undariy	ing causa given in		WAS AN AUTOP PERFORMED?	SY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ă	10001	Colored				1 [	YES 2 NO		DF DEATH?		
×	DID TORACCO LISE COA	ITDIDLITE TO CALISE C	E DE ATH V	ES TO NO	□ LINICEDTAL	ND			1 TYES 2 PNO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one)										
SIC	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	oma 5 🗆 Rasidenca	6 Other (Son	cifv)				
Ŧ	27. MANNER OF DEATH	26a. DATE DF INJURY (Month, Day, Year)	26b, TI		INJURY AT WORK?		E HOW INJURY	OCCURE	D		
ВУР	1 Natural 5 Pending 2 Accident Investigatio				YES 2 ND						
	3 Suicide 6 Could not I		/ — At homa, larm,	street, factory, o	ffice	281. LOCATION City or Tox		mber or Ru	iral Route Number,		
	4 Homicide determined										
COMPLETED	CHOCK OTHY	YSICIAN: To the best of my know	rledga, death occur	red at the tima, d	ata and place, and du	a to the cause(s)	and mariner as	stated.			
S	0710) 2 MEDICAL EXAM	Dn the basis of exemination	n and/or investigat	ion, in my opinior	, death occured at the	ima, data and	plece, and due	to the cau	use(s) and manner as stated.		
BE C	29b. SIGNATURE AND TIME OF CENTRE				29c. LICENSE NU	MBER	29d.	DATE SIG	NED (Month, Day, Yber)		
TO B	(VIII)	me mi	ATLI ATERI ATLI	2 0-1	1738.	442	•	19-1	6/0, 1996		
	30. NAME AND JODRESS OF PERSON	1201612 6	cc y	idst/	AVA	Suite	121	An	orpila, my		
FEB 22 1996 Super Control of the Con									V		



FOR

# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	ERTIF	ICATE (	OF DE	ATH		REG. NO			
11	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH	av.	YEAR	3. TIME OF DEATH
	Victor	ia Ada	Kilme	mer								10:10AM M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 1  M 2 1/7/F	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YE		NDER 24 HRS.	7. DATE OF (Month, E	BIRTH		B. BIRTI	IPLACE (State or Foreign
	213-16-3 <del>450</del>	76	YRS.	MONTHS DA	WS HOU	IRS MIN.	Nov		19		yland	
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	WN OR LO	CATION OF DE	ATH		9c. CO	UNTY OF D	EATH
DIRECTOR	Anne Arundel Medical Center Annapolis Anne Aru										rundel	
Ä	10a. STATE 10b, COUNTY			10c. CIT	Y, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
	MD Ann	e_Arunde	1		Annap	olis						XX YES 2 NO
₹ I	10e. STREET AND NUMBER					10f. ZIP	CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
ᇦᅵ	701 Glenwood St	reet Ap	artment	# 50	3	2	1401			Ur	ited	States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. AR XYES 2 10 WAR OR DATES		If yo	s, specify i	NT OF HISPAN Cuban, Mexica NO Specify	n, Puerto Ric		s or No-	14. RACI Blac Spec	E — American Indian, k, White, etc.  White
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION			USUAL OCCU			16b. K	IND OF BU	SINESS/II	NDUSTRY	
ET	Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT u	work done durin se retired.)	ig most or v	vorking					
APL		5		St	udent				Gra	adua	te Sc	hool
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						MOTHER'S NA					
BE (	Agostino M. DiM	aggio					Filome	na Ru	ssill	.0		
10	19a, INFORMANT'S NAME (Type/Print)				ADDRESS (St							
	Milo J. Kilmer		2	98 K	ershne	r Co	urt He	nders	on, N	levac	la 89	014
	20a. METHOD OF DISPOSITION  1  Burlel 2 XX Cremetion 3  Rem  4  Donation 5  Other (Specify)	oval from State			of disposition of the place of the Cre			0/96			City or To	own, State Maryland
	21. SIGNATURE OF THERAL SERVICE LO	ENSEE //	YEL. L	Jaco					1			uneral Home
	Mart	1.6	let	_						_		polis, MD
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heert feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Out TO (OR AS A CONSEQUENCE OF):										Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  b. HUPEYTEYSIDM  (gue to (or as a consequence of):  c. Dianetes  Due to (or as a consequence of):  d.										yrs	
MEDICAL (	PERFORMED? AW  1 YES 2 NO OF									D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	ATH Y	ES NO	DI	INCERTAI	N 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:							
175	1 VES 2 NO	28a, DATE Of	ER/Outpatient 3	28b. Til		Home 5	☐ Residence	8 Other (		IN ILION O	CCIIpen	
	1 Netural 5 Pending	(Month, I			JURY	WORK?	2 NO	ZOW. DESC	HOC HOW	JUNT U	COUNED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be	DF INJURY — At he	ome, ferm,			2 ( 10	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,	
	4 Homicide determined											
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of										a) and manner as stated.
U C	296 SKINATURE AND TITLE OF CENTURE	/				29c	LICENSE NU	MBER		29d. D.	ATE SIGNE	D (Month, Day, Year)
0	-lon / 2xon	uec 9	D				D 185	29		•	Feb.	19.1496
٩	Jour S. LOW	O COMPLETED CAL	SE OF DEATH (ITE	ללו אל אינו אינו אינו אינו אינו אינו אינו אינו	e, Print) GELY	Ave	. 5t.	-131	A	Mas	mlx	HP 2143
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE		-		1	-		1		1

DHMH-18 Rev 1/89

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			Decedent's Neme (First, Middle, L.	State of Mar	ylallu /	Certifica			2. Dete of D	Reg. No.		893			
/M	siciai edica mine	ı,	LOUIS -	THOMAS		KREZ		OSKY b. City, Town, or	Februa	ry 5,1	996 8	:17 Pm			
Fune	ral				n yrs. last l	oirthdey) If Und Month	er 1 Yeer	Bowie  If Under 24 Hrs Hours Min.	8. Dete of Bi (Month, D Aug • 1	PRINC	e Geor	(Stete or Foreign			
Meryland H ahow		100	Usuel Residence of Decedent   10a. Stete   10b. County		Oc. City, To	wn or Location					10d. l	Inside City Limits 1 ☐ Yes 2 ☑ No			
th with the		Funeral Director	10e. Streel end Number 1923 Harcourt A	<u> </u>	0201		10f. Zip Code 21114			10g. Citizen of Whel Country? United States					
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Menyland f Heelth and Mentel Physiene. The 21s marked other than "natural", or items 23s or 28s-1 ahow other traumatic area.		ny runer	11. Menitel Stetus  1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Eve Armed Forces? 1 ☐ Yes 25 No If Yes, Give Yeer or Deles:	er In U,S.	13. Wes Dec If Yes, sp		spenic Origin? (S n, Mexicen, Puerl Specify:	pecify Yes or No Rican, etc.)	o- 14. Rec Ble Specify	ca - American II ck, White, etc.				
21215-0020 d within 72 hours affigiene.		Completed	15. Decedent's Elementery/Secondery (0-12)	ducation ade completed)  College (1-4or 5+)			ent's Usuel Occupation kind of work done during most of working O NOT use retired)				usiness/indusi	ry			
Maryland 212 d 2 should be filed with th and Mentel Hygiene. 7 Is marked other than traumatic avent in		0	17. Fether's Neme (First, Middle, Las. Thomas Krezanos	)	1	Electrica	al En	18. Mother's Ner	ne (First, Middle usevich	, Maiden Surner	Governm me)	ent			
ond 2 should I selth and Meni n.27 is marked traumetic.			4	19e. Informent's Neme/Reletionship Sandra K. Krezan			9b. Meiling Addre	-				, Stete, Zip Cod 2111			
Pege Pege nent o					20e. Method of Disposition  1 ☑ Buriel 2 ☐ Cremetion 3 [ 4 ☐ Donetion 5 ☐ Other (Speci	Removel from State	ceme	of Disposition (Milery, cremetory or mont Mem	other piece		Dete 2/8/96		City or Town,		
Balt permit. Depart	once		21. Signeture of Funerel Service Lice	vans T	nes	22. Neme o Rober 16000	t E. Anna	s of Fecility Evans Francis Ro	uneral 1	Home, P.	Α.				
Physicia /Medic Examin	eal ner	5	23a. Pert1. Enter the disease, or con shock, or heart feilure. List only Immediate Ceuse (Finel disease or condition resulting in deeth)	· Card	lac	ARRH (e consequence of	Thr	,	c or respiretory i	arest,	On	proximete ervat Between set and Deeth			
Box 68760, eeth certificate be executed ettending physician end for use as the buriel-transit	ledical	by Physician/Medic	Physician/Medical	by Physician/Medical	by Physician/Medical	Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated evenis resulting in deeth) Lest	c		e consequence of						
ecords, P.O. aw requires that the despensioned by the 2 should be detached	vd betein					2	Per 11. Other eignificant conditions of Hyportension Gastruc Conti	; Hyperlip					0- 1□ 24a. Wes	Yas 2 No	3 Probeble
He ete h	Re Con		25. Wes case referred to medical					28. Plece of Dec		Yes 2 No	1 □ Ye	s 2 No			
OVE FE	ation. To	0	2	exeminer?  1  Yes 2 No  27. Manner of Deeth  1  Netural 5 Pending Investigation		2 ER/0 28b	Outpatient 3 C Time of Injury	28c. Injury Work	4 LI Nursing F		Idence 8 Oth				
Division of Contract To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After this Compileley filled in by the funeral	Certification.		3 Suicide 6 Could not be determined	building, etc. (5						(Street end Numt wn, State)					
To the Hospital within 24 hours To the Funeral completely filled	Apolical		(Check only 2 Madical Example)	nysician: To the best of m ninar: On the basis of exe end manner staled	aminetion a	nd/or Investigetlo	n, in my op	Inion, deeth occu	, end due to the rred et the time,	dete end plece,	end due to the	ceuse(s)			
To	2	-	29b. Signeture end title of certifier	MD			D 2 5			Februa					
(20)	1		30. Name and address of person who T. BERGER MD	completed cause of deeth	772	) (Type, Print)	5NS1A	· Ave.	BeThe	sda. M	d 20	814			
	State istrar		31. Date filed (Month, Day, Year)	2. Hegistrers	Signeture	LE						,			

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#### Please Type or Print in Black indelible lnk. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Yaar **Physician** KORNEGAY **JAMES FEBRUARY** 6 1996 08:40 AM /Medical 4a. Facility Nama (if not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Prince George's Community Hospital Prince George's Cheverly, MD If Undar 1 Year | If Undar 24 Hrs. 5. Social Security Number 6. Sax 1 ☑ M 2 ☐ F 7. Aga (In yrs. iast birthday) Birthplaca (Stata or Foreign Country) **Funeral** Hours Director 244-56-2472 Trenton, Usual Rasidence of Decedant 2 should be filed within 72 hours after death with the Maryland on the Maryland. I have send Mentel Hygiene. I have send marked other than "natural", or items 23s or 28s-1 ehow 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits other traumetic event, the Medical Examiner must be notified at 17 Yas 2 No by Funeral Director Prince George's Mitchellville 10e. Street and Number 10f, Zip Coda 10g. Citizan of What Country? 20721 USA 10511 Water Point Way 12. Was Dacedant Evar In U.S. Armad Forcas? 1 X Yas 2 No 14 Yas, Giva 5/28/62 Yaar or Datas: 5/27/64 Race - Amarican Indian, Biack, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 Nevar Married 2 N Married 1 ☐ Yas 2 X No Specify Black 3 Widowed 4 Divorcad Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Sargeant Metro. Police Dept. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be 10 Alonza Kornegay Ada Dillahunt 19a. Informant's Name/Raiationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Pages 1 end 2 sh Department of Haelth end Important: If Item 27 ie m any injury or other traum once. 10511 Water Point Way Mitchellville, MD 20721 Marjorie Kornegay/Wife 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cematary, crematory or othar place) 20c. Location - City or Town, State 1 X Burial 2 ☐ Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) Trenton Cemetery 22. Nama and Addrass of Facility 2/12/96 21. Signature of Funeral Service L Tyrone J. Young Funeral Services 5635 Eads Street, NE Washington, DC 20019 tha daath. Do not antar tha *moda* of dying, such as cardiac or raspiratory arrest, Approximata Intarval Between Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): Physician/Medical Examiner To the Hospital or Attending Physicien: The law requires thet the death certificate be associted within 24 hours after death. To the Furerel Director: After this certificate has been signed by the estending physician and completely filled in by the intensit director, page 2 should be detached for use as the bunsal-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasuiting In death) Last Dua to (or as a consaguance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Yes Yes 2□ No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 Yas 1 ☐ Yas 2 ☐ No Certification: To Be 25. Was casa rafarred to madical 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas Inpatiant 2 ER/Outpatient 3 DOA 27. Maprier of Death 28b. Tima of 28d. Dascribe how injury occurred 5 Panding invastigation 1 Yas 2 No 2 Accident 6 Could not ba 3 Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homloida 29a. Cartifiar Xcertifying Physician: To tha bast of my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medical Wisdical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated.

Baltimore, Maryland 21215-0020

Division of Vital Records. P.O. Box 68760.

State Registrar

29b. Signatura and titla of certifian

31. Data filed (Month, Day, Yaar)

29c. Licansa number

29d. Date signed (Month, Dyl., Year)

Name and agoress of person who completed cause of death (item 23a) (Type, Print) AMES

32. Registrar's Signatura

A Property of the State of the

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1	-	FOR STATE REGISTA	AR
ŀ	1. D	ECEDENT'S	NA

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			OEIIII	IOAIL	JI DEATH	HEG. NO	١,	
	1. DECEDENT'S NAME (First, Middle, Last)		ì.	11 '	11	2. DATE OF DEATH	AY .	3. TIME OF DEATH
	MYIE		K	illings	sworth	January		96 00H2 A M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	118-14-5226  90. FACILITY NAME (If not institution, give :	1 🗆 M 2 💢 F	74 YRS.					2°N.Carolina
Œ			ant		WN OR LOCATION OF D			Y OF DEATH
5	Shady Grove Adventist Hospt. Rockville, MD. Montgome							gomery Count
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CF	Y, TOWN OR L	OCATION			10d. INSIDE CITY
	MD Monte	gomery Cou	nty Si	lver	Spring, 1	MD.		LIMITS?
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
NEI	2100 Washington				2091	0	Ţ	JSA
F	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2XX10	13. WAS	DECENDENT OF HISPA s, specify Cuben, Mexic	NIC ORIGIN? (Specify Yearn, Puerto Riceri, etc.)	or No 1	4. RACE — American Indian, Black, White, etc.
B	3 📉 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆	s, specify Cuben, Mexico YES 2 NO Specific	y:		Specify:
ב	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUI	PATION	16b. KIND OF BU	SINESS/INDUS	Black
ń	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during	g most of working		•	
COMPLET	12		Acco	unting	g Clerk	Priva	te Ir	ndustry
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meiden		
BE	Hosea Steptoe					e Noble		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Juin Killings	vorth	2100	Wash:	ington A	ve.,;Silv	er Sp	oring,MD.
	204 METHOD OF DISPOSITION 1 A Flodal 2 C Cremation 3 Rem	noval from State	b. PLACE AND DATE metery, cremetory or c	OF DISPOSITION	N (Name of	DATE 20c. LO	CATION — CH	ty or Town, State
	4/□ Donation 5 □ Other (Specify)	codes /	Maryian	u Nati	ional rei	5,1996	Laur	cel, MD.
	11.01/	11/01		Ra	lph Will:	iams Fune	ral S	Service
4	- Carpie	Julia		51	7 - 11th	Street, S	E: Wa	ash., DC
1	23. PART I. Enter the diseases, or shock, or heert fallure.	cemplications that cause List only one cause on a	ed the deeth. Do :	not enter the	mode of dying, suc	ch aa cerdlec or reapi	iratory erree	Approximate Interval Between
	IMMEDIATE CAUSE (Fine)		<i>F</i> .	- 1	1			Onset and Death
	resulting in death)	a. Sepi		Shoc	K			12 hrs
_		Con K	A CONSEQUENCE O	P +	1.0	7		Lygar
2	Sequentially list conditions, if eny, leading to immediate Due to (on as a consequence or):							
	cause. Enter UNDERLYING CAUSE (Disease or Injury	Regla	itery	Low	iliere.			12 hrs.
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	n Y		1-		1
H	Testiting in death) EXST	a Unir	rang 1	reci	unfe	den		I week
- 1	PART II. Other eignificent condition	e contributing to death	but not reculting	In the underl	lying couse given in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							Almo	OF DEATH?
2	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	OF DEATH YE	S NO	☐ UNCERTAI	N 🗆		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA		one)			
PHYSICIAN:	1 TES 2 NO	1 Inpatient 2 - ER/Out	patient 3 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)		
H	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE DF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCU	RED
i i	2 Accident Investigation	20. 51.105.05 11.11			YES 2 NO			
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, : icify)	street, factory, o	office	26t. LOCATION (Street & City or Town, State)	and Number or	Rural Route Number,
	29e. CERTIFIER							
COMPL	(Check only	CIAN: To the best of my know						
- 11			on and/or investigation	m, in my opinio				ceuse(e) and manner ee stated.
4	296. SIGNATURE AND TOLE OF CERTIFIE	1/1/1/1/			29c. LICENSE NUI	MBER	29d. DATE S	NIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DI	EATH (ITEM 27) (Tona	Print) -	DALLE			mazgo17 / 166
	30. NAME AND ADDRESS OF PERSON WH M. C (+000)			ockv	rele P.	ike Ro	ckush	le M 20852
	FFR 1.5 199	32. REGISTRAR'S SIGN						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND		MENT OF		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, MIDDIE, LAST)  Chalate ANNiC	e Keene				2. DATE OF DEATH MONTH	W 1996 YE	3. TIME OF DEATH		
		SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. last birthday)  1 Whoth 1 Year  1 Punder 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  1 Under 1 Year  2 Under 1 Year  3 Under 1 Year  4 Under 1 Year  5 Under 1 Year  5 Under 1 Year  5 Under 1 Year  6 Under 1 Year  6 Under 1 Year  7 Under 1 Year  6 Under 1 Year  7 Under 1 Year  6 Under 1 Year  7 Under 1 Year  7 Under 1 Year  8 Under 1 Year  9 Under 1 Yea								
TOR	Holy Cross Hosp	· ·			or Location of De r Sprin		Mont o	gomery		
DIRECTOR	10a. STATE 10b. COUNTY D C			TOWN OR LOCAL			10d. i			
FUNERAL	10a. STREET AND NUMBER 2801 14th St NW			1	2 0 0 1 1			OF WHAT COUNTRY?		
B	1 Never Married 2 Merried	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X F YES, GIVE WAR OR DATES		If yee, a		IIC ORIGIN? (Specify Yen, Puerto Ricen, stc.)		RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade compile tementary/Secondery (0-12)  Col	(leted) ( (liege (1-4 or 5 +)	(Give kind of wo lie. Do NOT use			t USG	SINESS/INDUST			
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles Woodfo	rd				ME (First, Middle, Melden 11a Cred				
2	190.INFORMANT'S NAME (Type/Print) William R. Keene					Route Number, City or Tow e Lanhai				
	20e. METNOD OF DISPOSITION  1 CX Burlel 2 Cremetion 3 CX Removal f  4 Donetion 5 Other (Specify)	rom State cemetery, c			ery	2/8		or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	reene	,	Gree		cility ral Home n St Al		ria. VA		
	23. PART i. Enter the diseases, or companock, or heart failure. List of iMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on each life	estre		ode of dying, suc	h as cardisc or resp	iratory errest	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAPARATE  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24s. WAS AN AUTOPSY PERFORMED?  PERFORMED?  1 YES 2 INO  1 YES 2 INO  1 YES 2 INO									
SICIAN	DID TOBACCO USB CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 IMO OTHER  1 Inputer 2 ER/Outpatiant 3 DOA 4 Invising Nome 6 Residence 6 Other (Specify)									
ВУ РНУ	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	INJURY OCCUR	ED							
	2 Accident 3 Sulcida 6 Could not be determined  26e. PLACE OF INJURY — At home, ferm, street, factory, offica building, stc. (Specify)  26f. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
COMPLETED	opel	To the best of my knowledge, in the best of examination end/o						ause(s) and menner se stated.		
TO BE C	30. NAME AND ADDRESS OF PERSON WHO CO	MPI FTED CAUSE OF DEATH (I)	TEM 27) /šma	O.A.et	29c. LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Dey, Year)		
	Brig F.	32. REGISCHAR'S SIGNATURE	NOM	lois	N. Ca	policy Sd	160	why h OC. Zark		
	FEB 15 1996	Jaha Davelsank	arlett					DHMH-16 Rev 1/89		

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

	Ì
68760	
P.O. BOX	
RECORDS,	
OF VITAL	
DIVISION	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

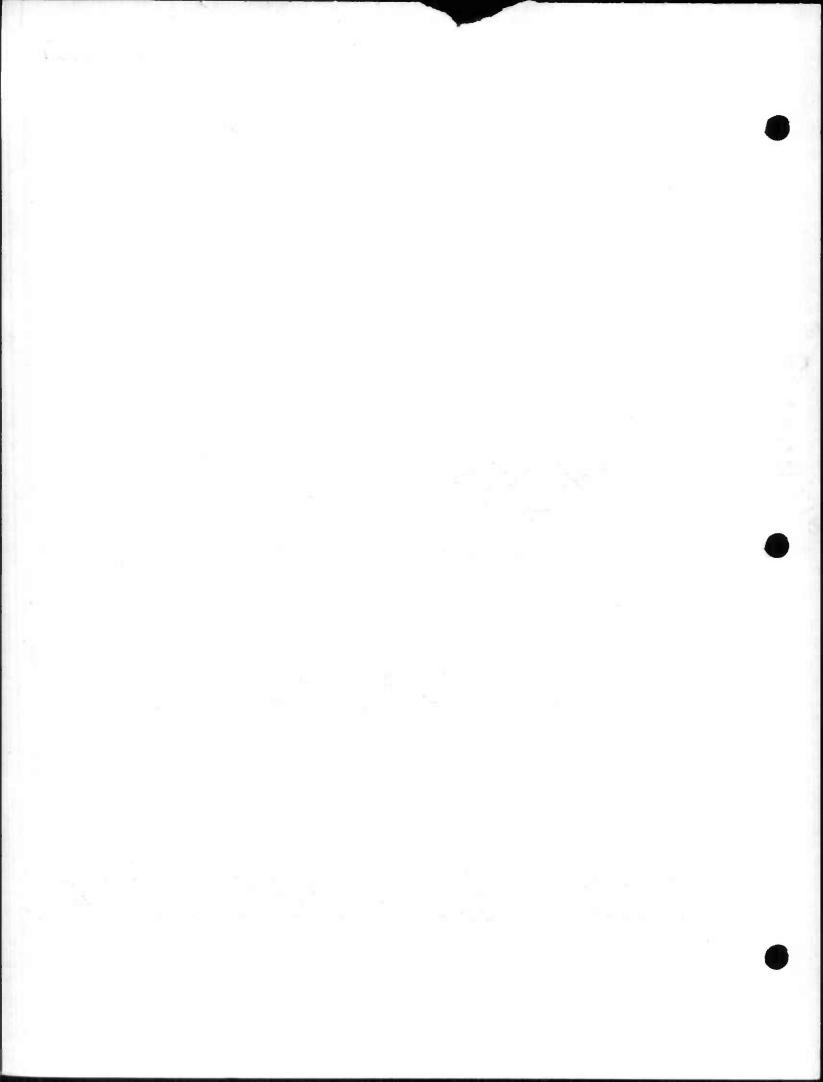
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND .	DEPARTMENT	OF HEALT	H AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DE	HTA		BEG NO

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG, NO.									
1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH		3. TIME OF DEATH		
George Hen	ry Lockwood				JAN 2		5:22 pm. M		
4, SOCIAL SECURITY NUMBER			MOER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)		
218-16-8148 9e. FACILITY NAME (If not institution, give st	reet end number)			R LOCATION OF DE	January 14, 1		ryland		
1350 Bowers Road	(at home)	Ch	estert	own		Queen	Anne's		
10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATI	ON			10d, INSIDE CITY LIMITS?		
Maryland Queen	Anne's	Cheste		ZIP CODE		Tage CITIZEN	1 TES 2 NO		
1350 Bowers Road				21620		USA	OF WHAT COUNTRY?		
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DECI	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		RACE — American Indian,		
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	STAD	1 Tyes, spe	2 X NO Specify	n, Puerto Ricen, etc.)		Black, White, etc. Specify:		
							White		
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of the Do NOT use reference)	done durina mos	N it of working	16b. KIND OF BU	SINESS/INDUST	RY		
7 Yrs.		arpenter			Construc	ction			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Sumame)			
John Jackson Lock	wood			Mamie N	lewnam				
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		de)		
Jill DeMoss			-		ide, Marylan				
20s. METHOD OF DISPOSITION  (X) Buriel 2 Cremetion 3 Reme	oval from State 20b. Pt	ACE AND DATE OF DI	placel			CATION — City			
4 Donetion 5 Other (Specify)		npton Cem		DADDRESS OF FA	, 1996 Crun	npton,	Maryland		
· ON	22/1		Fello	ws Funer	al Homes,	P.A.			
William L. Kin	g, Jr Directo	Service Servic					gton, MD 21651		
23. PART I. Enter the diseeses, or o shock, or heart failure.	the property on a that caused the List only one cause on each	he deeth. Do not e h Ilna.	enter tha mo	de of dylng, suc	h ss cardisc or resp	Iratory screst	Approximate Interval Between		
IMMEDIATE CAUSE (Final disease or condition	1 1						Onset and Death		
reaulting in death)	DUE TO (OR AS A CO	C COLL	an	unos	a of	-un	ano to		
_	DOE TO (OH AS A CI	UNSEQUENCE OF):			6	(			
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or injury									
that initiated eventa	DUE TO (OR AS A CO	ONSEQUENCE OF):							
resulting in death) LAST	t								
PART II. Other algnificant condition				cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS		
Corons	y arte	My A	eslo	esl	PERFO	4.4	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Caronia	1 Pulm	dry	v 1	ine s	e	/	OF DEATH?		
DID TOBACCO USE CONT	HBUTE TO CAUSE OF	DEATH YES	NOL	UNCERTAI	N 🗆				
25. WAS CASE REFERRED TO MEDICAL.	HOSPITAL:	PLACE OF DEATH IS							
1 TYES 2 THO	1   inpetient 2   ElVOutpati		THER:   Muraling Hom	s 5 Mesidence	6 🗆 Other (Specify)				
27. MANNED OF DEATH  1 Netural 5 Pending	(Month, Day Ber)	28b. TIME OF INJURY	WO	RK7	284. DESCRIBE HOW	MUDDA OCCUM	eo		
2 Accident Investigation	N. WARE OF BUILDING		-	res 2 NO					
3 Suicide 6 Could not be determined	28s. PLACE OF BL/URY — building, etc. (5pecify)	At nome, term, stree	t, factory, office		281. LOCATION /Street City or Stwin. State	and Mumber or I	Aurar Route Nuntber		
290. CERTIFIER 1 A FRIIFYING PHYSI	CIAN: To the best of my knowled	les double con	Alba Mare del	and after the e	A. M				
land to the same of the same o	R: On the basis of exemination a						suse(e) end manner ee stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			GNED (Month, Pay, Year)		
8 eorgo m Sours MAN 31979 1 1/30/96									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED GALLS OF DEATH (ITEM 27) (FOR 1945) LEVE LO (1551)									
GEORGE /	1 YOUR	16 ()	CHE	STER	TOUN	MI	). HOS		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT					, , ,			
FFR 2 '06	Selia Navida	70 1 00							



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Howard

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Tanuary 26 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BURTH (Month, Day, Year HOURS DAYS 1 X M 2 T F 206-14-6591 YRS. 68 July 19, 1927 Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Delaware Sussex Rehoboth Beach permit. FUNERAL 10a. STREET AND NUMBER use as the burial-transit RD 2, Box 514 19971 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? YAYES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarte Ri 1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 X Widowed 4 Divorced WW 11 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Police Officer Law Enforcement 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Marion Lewis BE Ruth Long page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert J. Lewis RR 7, Box 171 Lewes, DE. 19958 hours after death. Page 6 may be must be 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑/Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State funeral director, 1/27 4 Donation 5 Other (Specify) Eastern Shore Crematorium the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Parsell, Atkins & Lodge Funeral Home, Inc. 1449 Kings Highway Lewes, DE. 19958 completely filled in by the rial, cremation, or removal. 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE /Final disease or condition executed within 24 MYOCARDIAL INFARCTION reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): prior to burial, CORONARY ARTERY CERTIFICATION and Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate been signed by the attending physician if. of Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury certificate be other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY that shows any 1 | YES 2 | NO requires DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ PHYSICIAN: MP Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h Item HOSPITAL:
1 Ninpatient 2 ER/Outpatient 3 DOA OTHER: OR ATTENDING PHYSICIAN: 1 - YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF marked, 28d, DESCRIBE HOW INJURY OCCURED 5 Pending
Investigation 1 X Natural TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marke 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — Al home, farm, street, lactory, offica building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29s. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Kicholas Assun mo 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OGBURN PINE BLUFF ROAD SALISBURY NICHOLAS 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davelson Randall

FEB 081996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Lewis

96 05898

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 WES 2 XX NO

Approximate

ntervai Betwe

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

21801

1/26/96

Onset and Death

8. BIRTHPLACE (State or Foreign

Pennsylvania

9c. COUNTY OF DEATH

USA

Lewes, DE.

WICOMICO

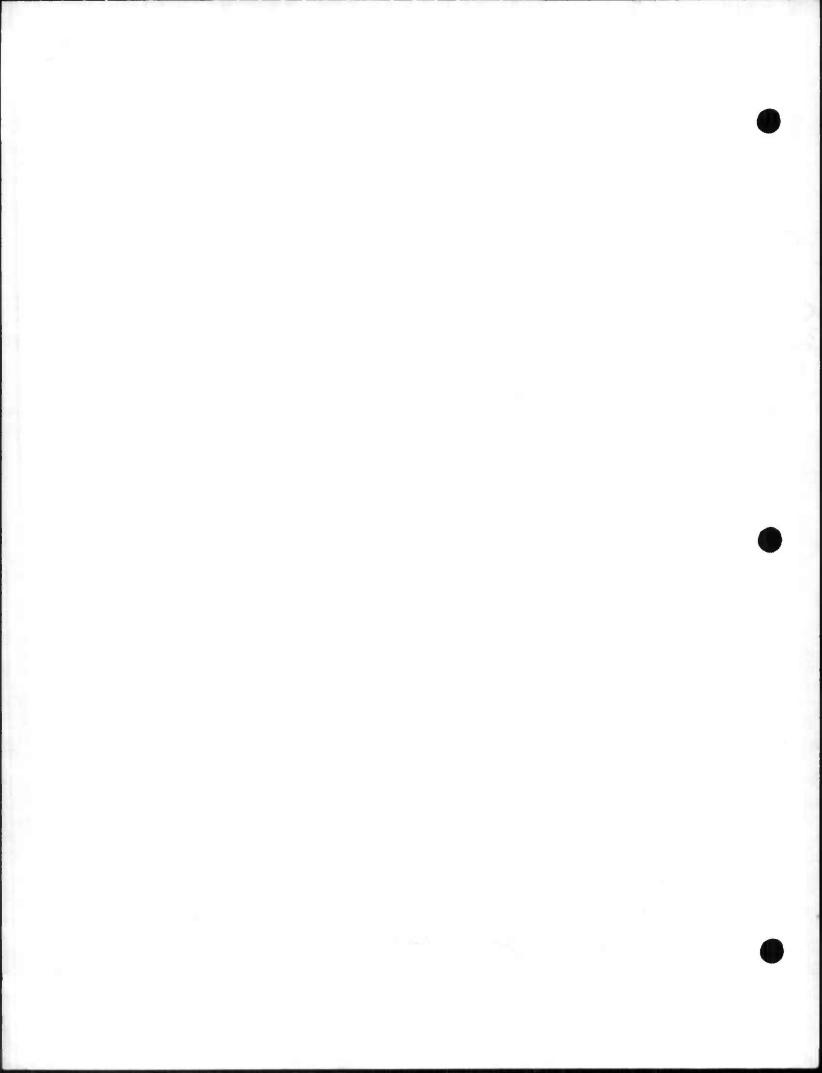
10g. CITIZEN OF WHAT COUNTRY?

Specify

White

6 30

2. DATE OF DEATH



FOR STATE REGISTRAR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	,	1. DECEDENT'S NAME (First						2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH			
		GEORG		W.				-AY	/ton	JR	1-ebenary 2 1996 7			9 30 A
		4. SOCIAL SECURITY NUMBER		5. SEX	The state of the s		IF UNDER	1 YEAR	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country	
		221-12-7132		1X M 2   F	75	YRS.					APRIL 3,			AWARE
	œ	9a. FACILITY NAME (If not in					9b. CITY,		OR LOCATI		EATH		NTY OF DE	
	CTOR	PENINSULA	REGION	NAL MEDI	CAL CEN	ITER		SAL	LISBU	RY		MTG	COMIC	
	3EC	10a. STATE	10b. COUNTY			10c. Cl	TY, TOWN C	R LOCA	TION					10d. INSIDE CITY LIMITS?
	DIRE	DELAWARE		SUSSEX		FR	ANKFO	RD						1 YES 2 X NO
	RAL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF W									IZEN OF W	HAT COUNTRY?		
	Ä	RD #1 BOX	26A						1994			US	A	
	FUNE		11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2					f yes, s	pecify Cubs	n, Maxica	NIC ORIGIN? (Specify ) in, Puarto Rican, atc.)	es or No-	Black	- American Indian, White, etc.
	BY	3 Widowed 4 Divo		IF YES, GIVE	WAR OR DATES		_   '	YES	S 2 X NO	Specifi	y:		Specit	WHITE
	8	15. DEC	EDENT'S EDUC	ATION	16a.	DECEDENT	S USUAL O	CCUPATI	ION TOP		16b. KIND OF B	USINESS/IN		
	ᇦ	(Specify only highest grade completed)  (Give kind of work done during most of RRACK life. Do NOT use retired.)  DDTTTD												
ed	COMPL	7 POULTRY FARMER & DRIVER POULTRY												
000	8	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surmame)												
, a	BE	GEORGE W. LAYTON MARY E. TRUITT												
notified	0	19a. INFORMANT'S NAME (TyperPrint)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  LAURA C. LAYTON  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  RD#1 BOX 26A, FRANKFORD, DELAWARE 19945												
pe n				<u> </u>						KFUI				
must		20b. METHOD OF DISPOSITION  DXXBurlei 2 Cremetion 3 Removal from State    Constitution 2 Constitution 3 Removal from State   CLARKSVILLE, DELAWARE												
		21. SIGNATURE OF SOMETHING LICENSEE  22. NAME AND ADDRESS OF FACILITY MELSON FUNERAL SERVICES												
examiner		× 1/4	4) 1/2	7.0										
or remove medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, Dr heert fellure. List only one cause on each line.  Approximate interval Batwe Onset and Onset												
		iMMEDIATE CAUSE (Fit disease or condition					2.2				30-701/			
event, the		resulting in death)	,	DUE TO	O (OR AS A CON	SEQUENCE (	((121 <sub>4</sub> ) OF):	M	100	Al	RCTZON			16 Hours
. 6	z													40001
traumatic	CATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	ICA	ceuse. Enter UNDERLY CAUSE (Diseese or Inju												
other	RTIFI	that initiated events resulting in deeth) LAS	ST	DUE TI	O (OR AS A CON	SEQUENCE (	OF):							
Y, or	빙		-	1										
injury,	_	PART II. Other signification						-			PERF	AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS
any	DICAL	CHRONIC OBSTRUCTIVE PULLONAM DIJEASUT 1 YES 2 THO OF DEATH?										COMPLETION OF CAUSE		
NOWS at	₩	PARKINSONISM 1 YES 2 NO												
ed, or item 23 sho	ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 125, WAS CASE REFERRED TO MEDICAL 26, PLACE OF DEATH (Check only one)												
tem	SICIAN	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	Rt:	,					
0	HYS	1 YES 2 NO		1 N Inpetient 2		28b. TI	_		me 5 R	esidence	8 Other (Specily)	V INJURY OF	CURED	
item 28 is marked,			Pending		Day, Year)		JURY M	W	YES 2	NO	Too. DEGOMBE 1101		JOUNED	
is ma	ВУ	2 Accident 3 Suicide	Investigation		OF INJURY — A	I home, ferm	, street, fect				281. LOCATION (Street	et and Numbe	r or Rural A	Route Number,
28 1	E	4 Homicide	Could not be determined	building	g, atc. (Specify)						City or Town, Sta	fe)		
item	LET	290. CERTIFIER	TIFYING PHYSIC	CIAN: To the best	of my knowledge	death occu	rred at the I	lime, det	te and place	and du	to the cause(s) and n	nanner es ets	ried.	
V 400	COMPL	(Oriect Oriny												) and manner se stated.
ITAN		29b. SIGNATURE AND TITLE	E OF CERTIFIER	1	_				29c. LIC	ENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
IMPORTANT: If I	BE	phick	mas	18-1	Du	1	UD		0	22	132	•	2-2	-96
0 =	2	30. NAME AND ADDRESS O							_					
		RICHARD O	5. BIR	OM as	560	RIVOR	SING	- p.	R-B	-209	1 soush	Mes	, ac	10815 0
		RICHARD ( 31. DATE FILED (Month, Day,	Year)	32. BEGISTI	RAR'S SIGNATUR	Parl								
		FEB	u 9 1996	yala o	D IMONTOR!	THE PARTY OF								
				-										DHMH-18 Rev 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.						
	1. DECEMENT'S NAME (First, Middle, Last)	MAE	L	andon	2. DATE OF DEATH DATE OF CONTROL	- 1/97	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER  3. SOCIAL SECURITY NUMBER  5. S. S. S. S. S. S. S. S. S. S. S. S. S.	M 2 😾 F 82	YRS. MONTHS	R 1 YEAR   IF UNDER 24 HRS. DAYS   HOURS   MIN.		(	BIRTHPLACE (State or Foreign Country) Maryland				
TOR	PENINSULA REGIONAL M			SALISBURY		WICO					
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN			10d. INSIDE CITY LIMITS?					
	Maryland Some	rset	l Cr	isfield 10f. ZIP CODE		1.0	1 ☑ YES 2 ☐ NO OF WHAT COUNTRY?				
FUNERAL	117 Maple Street  11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. AF	IMED 13.	2181			U.S.A.  RACE — American Indian.				
B		FORCES? 1 TYES 2 TYES, GIVE WAR OR DATES	40	If yea, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Ricen, etc.)		Specify: White				
COMPLETED		lege (1-4 or 5+)	. Do NOT use retired.)	during most of working	16b. KIND OF BUS		FRY				
COM	Grade 7		ensed Pr	actical Nurs	Se Medic AME (First, Middle, Melden						
BE	John A. Evans  190. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDRES	Grace S (Street and Number or Rural	Kelley	n State Zin Coo	ria)				
5	Anthony Huffman (So			sonville Rd.			21817				
	20e. METHOD OF DISPOSITION  1 G Burlel 2 Cremetton 3 Removal from State  4 Donatton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetory or other place)  Sunnyridge Memorial Park—2/10/96 Crisfield, MD										
	21. SIGNATURE OF COMERAN. SERVICE LICENSE ROBERT. H. Brads	wokkaus	22 E	name and address of For tradshaw & Sc 06 W. Main S	ns Funeral	Home					
	23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
ERTI	that initiated aventa resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions co				t   YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
CIA		SPITAL:	CE OF DEATH (Check								
BY PHYS	1 VES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	apatient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	ED				
9	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, fa	281. LOCATION (Street of City or Town, State)		Rural Route Number,					
COMPLET	Constitution of the consti	To the best of my knowledge, do					suse(e) and manner, es stated.				
H	200. SIGNATURE SAN TITLE OF GENTIFIER			D4/8	1MBER 567	29d. DATE SI	GNED Month, O				
10	30. NAME AND ADDRESS OF PERSON WHO CO	M.D. 145	M 27) (Typo, Print) E. CAY/3/	11 31 SAL1.	ssory, mo	2/80	11				
	FEB1 5 1996	32. REGISTRAR'S SIGNATURE									

THE SEC STATE OF THE

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

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State of Maryland / Department of Health and Mental Hygiene	96	n	50	10	
Cartificate of Dooth	20	0	0 0	U	

					Cer	tificate of	Death		Reg. No.		
Physicia	<u>_</u>	1. Decedent's Neme (First, Middle, Last,				1		2. Dete of I	Dey Dey	Yeer	3. Time of Death
/Medica		DAPHNE	Ο.			Low		Februa	ry 17		12:30 Pm
Examine Funeral Director		4a. Facility Neme (If not institution, give  Southern Maryland I  5. Sociel Security Number  225–26–5905	Hospital 7. Age	(In yrs. lest t	oirthdey) Yrs.	If Under 1 Yea Months Deys	Clir		PRU	ounty of Death  We George  9. Birthp  Court  Virg	blece (State or Foreign
A ti	-	Usuel Residence of Decedent  10a. Stete 10b. County		10c. City, To	wn or Loc	ation				1	0d. Inside City Limits
28a-f sh notified	Funeral Director	Maryland Prince Ge	eorge's	Uŗ	per	Marlbor	0		10a, Citize	en of Whet Cour	1 ☐ Yes 2 ☒ No
23e or	alDi	15609 Croom Airpo	ort Road			20772				.S.A.	
P. C.	2	11. Meritel Stetus  1 □ Never Merried 2 ☒ Merried  3 □ Widowed 4 □ Divorced	12. Wes Decedent E- Armed Forces? 1 Yes 2000 If Yes, Give Yeer or Detes:		lf.	/es Decedent of Yes, specify Cu ☐ Yes 2 🛣No	ban, Mexican,	n? (Specify Yes or I Puerto Rican, etc.)			
natu	eted	15. Decedent's Edu (Specify only highest grade	e completed)		(Give k	ent's Usuei Occur ind of work done O NOT use retir	e during most o	of working		d of Business/Ind	
and Mental Hygiene. Is marked other than "I sumatic event, the Mark	Completed	Elementery/Secondary (0-12)  12th	Coilege (1-4or 5+	Qu Qu		y Inspe	ctor	- No.			unications
ind Mental I	To Be	17. Fether's Neme (First, Middle, Last)  James Lee Ea	ast				Glac	s Neme <i>(First, Midd</i>	Fulch		
Health and em 27 is me rther treum		19e. Informent's Neme/Reletionship (Ty. William L. Lowry	pe, Print)	15	b. Meiling 156	Address (Street) 09 Croc	m Alrpo	or Rural Route Num ort Rd. U			Md.
nent of He int: if Item iry or othe		20e. Method of Disposition 1 ☑ Burlai 2 ☐ Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovel from State	cemet	ery, crem	Ition (Neme of etory or other pi Iemoral		uary 22 1996	Pat	20772 ation - City or To rick Sp ginia	rings
Department o important: If any injury or once.	1	21. Signature of Fuguret Service License	96	Paul.	22.	Name end Add	ress of Fecility	Lee Fune:	cal Ho	me, Inc	, Md 20735
nysician Medical kaminer	Examiner	23a. Paryl. Enter the disease, or complishock, or heart feilure. List only or Immediate Cause (Final disease or condition resulting in death)  Sequentlelly list conditions, if any, leading to Immediate cause. Enter Underlying	CARD	Due to (or es	a consequ	ARRHY	THMIA	1	errest,	i	Approximate Intervel Between Onset end Deeth hours
ding physicia se es the bur	Medical	cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	D	ue to (or as a	(or as a consequence of):						
d by the leteched	by Physician	Pert II. Other significant conditions con	tributing to death but	not resulting	in the un	derlying cause g	iven in Pert I.		Did tobacco use contribute to the cause of death?		
hes been s	Completed	·						pe	s an autops formed?	av co of	ere autopsy findings allable prior to mpletion of cause deeth?
		25. Wes case referred to medical exeminer?					28. Place o	of Deeth (Check only		160	3160 20160
P P	2	1 M Yes 2 No Pending	lospitel: 1 ☐ inpatien: 28a. Dete of Injury (Month, Day	28b	Outpatient Time of Injury	28c. inj	ury et ork?	ling Home 5 ☐ Re 28d. Describ			v)
frector: n by the	rincat	2 Accident Investigation 3 Suicide 6 Could not be 4 Homloide determined	28e. Plece of Injur building, etc.	y - At home, (Specify)	ferm, stre		Yes 2 No	28f. Location	(Street and own, State)	Number or Rura	al Route Number,
	edical Ce	29e. Certifier (Check only one)  1 Certifying Phys Medical Examir	iclan: To the best of er: On the basis of e	xeminetion e							
Vithin To the comple		29b. Signature and title of certifler	end menner stete	9G.		29c. Licer	nse number		29d. Dete	signed (Month,	Dey, Year)
		Bengu Ml	)			DZS	5925		Feb.	17, 199	6
			# 205	7720	(Type, P	rint) SCONSI	N AVE	z Beth	esda	, md :	20814
State Registra	-	31. Dete filed (Month, Dey, Year) FFB 2 1 19	32. Registrer	's Signeture	no Ra	L. i)					
16 Ray 6/95		reda i is	July July	, so icowe	N. B. CHA	A COLUMN					

DHMH 16 Rav 6/95

Assets Agrilla The Land Am That's and supplies  BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

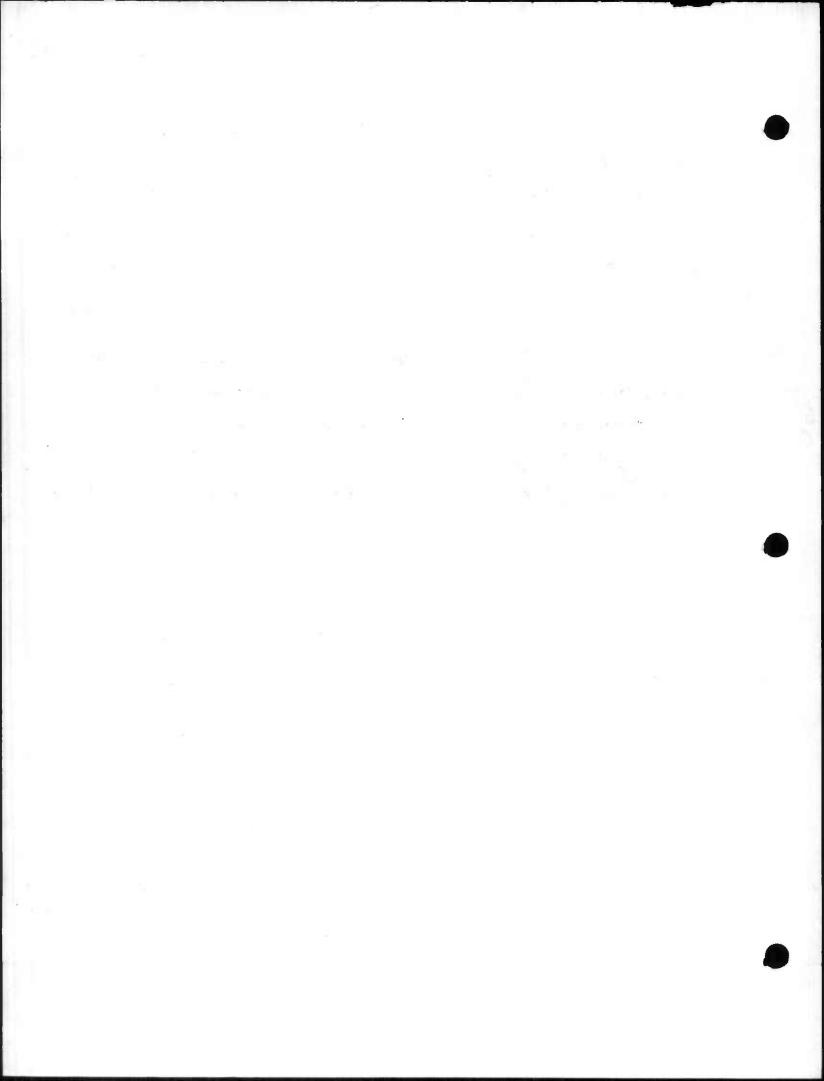
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIE REG. N	
C	ECEDENT'S NAME (First, Middle, Last)		<del></del>	2. DATE OF	DEATH	
	Vernon	J.	Lind	MONTH		DAY

	1 - STATE REGISTRAR	SIAIE UF I		ERTIF					MENIAL	REG. NO.	Ė			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH			3. TIME OF DEATH	
1	Vernon	J.	Lind						Febru	ary 1		96	6:23 PM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. It	est birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	FBIRTH	0 1)	8. BIRTHI	PLACE (State or Foreign	
	376-32-6017	1 🖫 M 2 □ F 61		YRS.	MONTHS	DAYS	HOURE	MIN.		3 193	4	Mi ch	nigan	
- 1	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN C	R LOCATI	ON OF D			9c. COUNTY OF			
ECTOR	Anne Arundel Medi	cal Cent	er		Ar	nap						e Arı	e Arundel	
	10+. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
	MD Anne	Arundel			Annar	ooli	S					- 1	LIMITS? 1 YES 2 NO	
AL	10e. STREET AND NUMBER				· · · · ·	_	ZIP COD	E			10g. CIT		HAT COUNTRY?	
ER	920 Coach Way					21401					Uni	ted S	States	
FUNER	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED					NIC ORIGIN?			14. BACE	- American Indian, White, etc.	
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	JNO			2 X X NO		in, Puerto Rid ly:	can, etc.)		Specif		
9	15. DECEDENT'S EDU (Specify only highest grad			ECEDENT'S				20	16b. I	GND OF BUS	INESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	- H	fe. Do NOT u	se retired.)	Junny mo	at Or WORK	·V						
COMPL		2		Pil	ot				A	irlin	es/	Avia	tion	
3	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Sumame)			
B	Toivo A. Lind  190. INFORMANT'S NAME (Type/Print)								lvia					
2	Maureen A. Lind								Route Numbe					
	20g, METHOD OF DISPOSITION		20h BLACE	EANDDATE	Coach			nnap	olis,	_		City or Tox		
	1 M Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	novel from State	cometery, c	rematory or o	other place)	CO TO	Com	0+0*	2/2	2/06	Cre or -	- city or 101	le, MD	
i	21. SIGNATURE OF BNERAL SERVICE L	CENSEE	, / /	Land	22.1	NAME A	D ADDRE	SS OF FA	Y Z/Z	2/90	CLOW	nsvii	neral Home	
	Melon	1.6/2	7		14	7 D	uke (	of G	louce	n M. ster :	St.	or ru Annap	olis, MD	
	23. PART I. Enter the diesess, or	complications the	1 caused the c	leeth. Do	not enter	the mo	de of dy	Ing, suc	ch ss cerdi	ec or raspl	ratory sr	rrest,	Approximate	
	shock, or heart feliure.  IMMEDIATE CAUSE (Finel												interval Between Onset and Death	
	disease or condition resulting in death)	M	elax	3 40	- 61	- 2	100	2	Cur	54-	, 01	241210	V6 Months	
	resulting in death)	DUE TO	(OR AS A CONS	EOUENCE C	F):					- 1777	100	7		
2	Sequentistly list conditions,	ь									-			
RIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EOUENCE C	IF):									
	CAUSE (Disesse or Injury that Initiated events	c DUE TO	(OR AS A CONS	EOUENCE C	IF):					-	-		<del> </del>	
E	resulting in death) LAST	4											!	
3		0.												
S S	PART II. Other significent condition	ns contributing to	death but not	resulting	In the un	derlyln	ceuse	given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
										1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?	
MED						=	1 6						1 TYES 2 NO	
Ž	DID TOBACCO USE CONT	RIBUTE TO CA					UNC	ERTAI	ΝЦ					
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ACE OF DEA	OTHER									
HYS	1 YES 2 NO	1 Inpatiant 2		3 LI DOA		alng Hom 26c. INJ		esidence	6 Other	(Specify)	N HIRV O	~ IBED		
a. I	1 Natural 5 Pending	(Month, L			JURY	WC	RK?	NO	280. DESC	MIDE NOW I	NJOHT OC	COMED		
В	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE (	OF INJURY — At I	home, ferm,	street, fact				261. LOCA	TION (Street o	and Numbe	er or Rurel R	loute Number,	
	4 Homicide determined	building	atc. (Specify)						City or	Town, State)				
	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best o	l my knowledge,	death occur	red at the ti	lme, date	end place	, end du	to the caus	e(e) and mar	nner se sta	sted.		
COMPLETED	anal .												) end manner es stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	ER					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Yeer)	
2	David C B	arver					D	379	169		1 7	2/18	186	
=	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (IT	EM 27) (Typ	,	,			,					
		res up	900	Best	gak	- 1	Pocd	50	ilesc	10 A	news	oles d	10915 pm	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE											
- 0	FFR 50 1998	SALEM IN	DE CANALA	1										



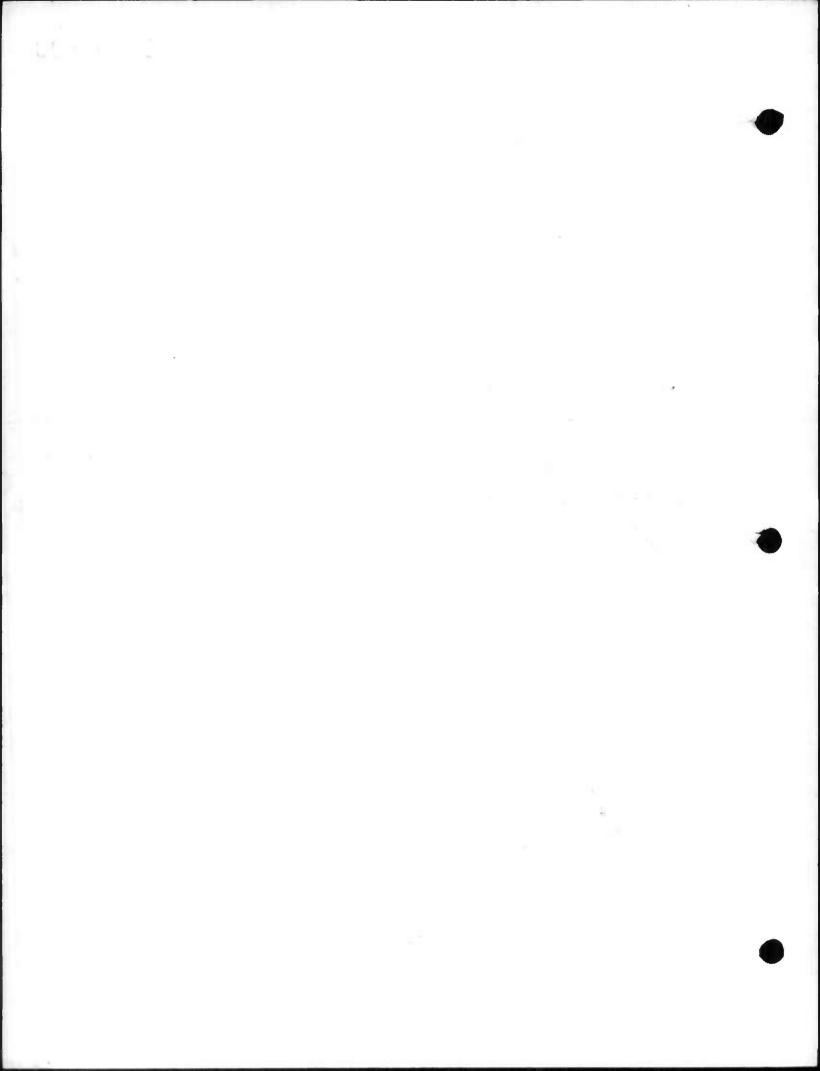
tained by the hospital or attending physician. should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DALLINONE, MARITANI	hours after death. Page 6 may be retained by the hos	lied in by the funeral director, page 5 should be detacht, or removal.	a medical examiner must be notified at once.
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND /	<b>DEPARTMENT 0</b>	F HEALTH AND	MENTAL	HYGIENE
CE	RTIFICATE (	OF DEATH		REG NO

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTING				IYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH		
	William	J. Lahr, J	r.			Feb	20, 1	996	4:45 amm		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	ВИЯТН	e. BIRTI	IPLACE (State or Foreign			
1 1	089-10-1031 XX <sup>M</sup> 2 □ F 91 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) Sept. 6, 1904 New										
	Se. FACILITY NAME (If not institution, give			b. CITY, TOWN O	R LOCATION OF D			COUNTY OF E			
DIRECTOR	Charlestown Care Center Catonsville Balt										
E E	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
	Maryland Ba	ltimore		Catonsville					1 YES 2XXNO		
FUNERAL		713 Maiden Choice Lane									
713 Maiden Choice Lane 21228  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGINA (Specify Veg or No. 14. 6									U.S.A.		
B	3 Widowed 4 □ Divorced	IF YES, GIVE WAR OR DATE	ES	1 TYES	2XXNO Specif	y:		Spec	hite		
	16. DECEDENT'S ED	UCATION 1	6a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIA	ID OF BUSINESS		nitt		
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 8 +)	(Give kind of work life. Do NOT use n	done during mos	at of working	1					
립	12+		ice Pre	sident	-92100	Δd	hasive	Man	ufacturing		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	ĮV.	100 110	Sident	16. MOTHER'S NA				uracturing		
U U	William J. Lah	r. Sr.					Schmi	,			
0	19a. INFORMANT'S NAME (Type/Print)	11, 51,	19h MAILING AD	DRESS /Street or	nd Number or Rurel						
임	Mrs. Karen Wei	20							MD 21146		
	200. METHOD OF DISPOSITION		LACEAND DATE OF D		e Road						
	1 Burial 2 ☐ Cremation 3 ☐ Rer	noval from State cemete	ery, crematory or other	place)		DATE	20c. LOCATION	,	•		
	21. SIONATURE OF PUNERAL SERVICE I	CENSEE )	11 Fait	h Ceme	tery2-	23-19	95 Que	ens,	New York		
1	Comes &	Down	ma	Bari 495	anco & Ritchi	Sons e Hwy	Funer Sever	al H	ome <sup>21146</sup> ark, MD		
	Approximate interval Between Onset and Death  Prostate Cancer  Due to (or as a consequence or):  Approximate interval Between Onset and Death  Onset and Death										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d										
A	PART II. Other aignificant condition	na contributing to deeth but	not reaulting in t	he underlying	cause given in	Part i. 24s	. WAS AN AUTOP PERFORMED?	SY 24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
MEDIC						10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?		
M	<b>*</b>								1 - YES 2 NO		
ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAIL	N 🖾		j			
ĕ	26. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH								
Sic	1 TES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpeti		THER: Nursing Home	5 🗆 Residence	6 Other (Sp	eclfv)				
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF INJURY	26b. TIME O	F 28c. INJU	JRY AT		BE HOW INJURY	OCCURED			
	1 Natural 6 Pending	(Month, Day, Year)	INJURY		RK? ES 2 NO						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homtoide determined	26s. PLACE OF INJURY — building, stc. (Specify)	Al home, tarm, atrac	it, factory, office		28t. LOCATIO City or To	N (Street and Num wn, State)	nber or Rural I	Route Number,		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	IICIAN: To the best of my knowled	ge, death occurred a	t the time, data	and place, and due	to the cause(s	) and manner as	stated.			
8	298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM				(Month, Day, Year)		
BE	6//	m.			D47						
5	30. NAME AND ADDRESS OF PERSON WI		H (ITEM 27) (Type, Pril			nsvi11		replace	7 20, 1996		
	31. DATE FILED (Month, Day, Year)	32. REOISTRAR'S SIONATE		Lang	(910	N5 V 1 11	<i>J</i> .				
	FEB 21 1996	Valor develeart	artall								



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 05904

									Certifica		Death		Reg.	No.		
		Physici /Medi		1. Decedent's Name (First, A Le	Middle, La slie		vis					2. Date of Month Feb		Dey	Year 1996	3. Time of Death 9:50 AM
		Examir		4e. Facility Name (If not insti 13838 Cast1e			m <i>ber)</i>				4b. City, Town, Silver		eath	4c. County	of Death	eorges
		Funeral Director		5. Social Security Number 074-40-9964		ex □м 2 <sup>М</sup> F	7. Age (In	yrs. last bir	hday) If Undo Months	er 1 Year Deys		in. (Month,		ear) 1948		lece (Stete or Foreign try)  N.Y.
3	1/2	show	2	Usuel Residence of Deceder 10e. State 10b. Co	unty			17.	or Location						10	0d. Inside City Limits 11⁄2 Yes 2 □ No
6	1/6	the Mer 28a-f st	ecto	Maryland Pri	nce	Georges		Si1			, Maryl	and	100	Chi of I	Mb - A Course	
		th with 23e or	Funeral Director	13838 Cast1	e Bl					ip Code	20904			Citizen of t	d Sta	tes
	0000	72 hours after dea natural, or flems	þ	11. Meritei Stetus  1 Never Married 2  3 Widowed 4 Topico		12. Was Dec Armed Fo 1 Tes If Yes, Gi Yeer or D	orces? 2 <b>K</b> No ve	in U,S.			Hispanic Origin? ban, Mexican, Pu Specify:	(Specify Yes or erto Rican, etc.)	No-		ce - America ck, White, e	
	Maryland 21215-0020	c	Be Completed	15. Dec (Specify only h Eiementery/Secondery (0- 12		ucation de completed) College (		16e.			petion during most of a ed)	working	16	b. Kind of B	usiness/Ind Libra	
	d 2	al Hygle other	ပိ	17. Father's Name (First, Mid	idie. Last)				Pro	orre	ader	lame (First, Mid	dle. Mei			
	lan	entai entai ced o	To Be	Eugene Stur								an Green			,	
	ary	2 should be 1 and Mental I is marked of raumatic eve	F	19e. Informent's Neme/Reie	tionship (	Type, Print)		19b	Meiling Addres	ss (Stree	nt end Number or			ity or Town,	Stete, Zip	Code)
		s 1 end 2 should be filed within theelth and Mental Hyglene. tem 27 is marked other than other traumetic event, train		Vanessa Gre	en			3	902 Bla	ckbu	rn Lane	#11 Bur	ton	sville	e, MD	. 20866
	Baltimore,	8 ° = 5		20e. Method of Disposition  1  Burnal 2 □ Cremer  4 □ Donetion 5 □ Other				cemeter	Disposition (No. 1), cremetory or ington	other pl	-	Dete 2-9-96	200	c. Location	City or Too	
	Balt	permit. Pa Departmen Important: any injary once.		21. Signature of Full oral Sor			0	3.	22. Name e	ande	ess of Fecility r S. Po	e Funer	al	Homes		
				23a: Part1. Enter the diseas shock, or heert failure.	e, or com	dicetions thet	caused the	death. Do r	5538 not enter the mo	Mar ode of dv	1boro P	Lke Fore	varrest	ille,	MD.	20747 Approximate
-		Physician		shock, or heert failure.	List only										i	Approximete interval Between Onset and Death
•	7	/Medical Examiner		immediate Ceuse (Finel disease or condition resulting in deeth)		θ	150	HEN	110	C	9101:	SYMO	RA	MAY	1	g yes
	-		ē				Due	to (or es e	consequence of	):	1000	. /	7	2 4 04		2001
		be executed sician and buriel-transit	edical Examiner	Sequentieily list conditions,		b	Due	to (or es e	consequence of	):	SPC C	- Y V		e/W'e	5	)_~~~
	60,	be exercian a fician a buriel-	E E	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	1	C	PC	ILM	0164	14	Are	PENF	EA	/DC	(NC	
	68760,	5 2 6	edic	thet Initiated events resulting in deeth) Lest					onsequence of		50211	- 10/18	1		13	
	Вох	death certifice ettending ph d for use es tl	M/u			d	C/0	V LOI	166	2/50	mu	CAME	20	100	116	
		death	sicia	Part II. Other significant con	ditions o	ontributing to d	eath but no	ot resulting in	the underlying	cause g	iven in Pert I.	23b. E	old toba	ICCO USE CO	ntributa to	the cause of death?
	P.0	requires thet the death cer seen signed by the ettendir hould be detached for use	Physician/M		LIVA				"CLOT			1	□ Yes	2□ No	3 Prob	bably 4 Unknown
		signed bed	by		C100	_ /		10	00.0 /			_	19000000		0.45 14/-	
	Division of Vital Records,	aw 2 s	Completed	Co.	W-E	Sou	v 2 (	AE	no	1	AILUN	240. V	les an a erforme	d?	ave	ere autopsy findings elieble prior to mpletion of cause deeth?
	<u>=</u>	는 하를	Сол									1	☐ Yes	2 0 No	1□	Yes 2□ No
	/ita	ysicien: The	Be	25. Was case referred to me exeminer?	dical	10.1 %						Deeth (Check or	ly one)			
	of	0 0	To	1 □ Yes 2 No				2□ER/Ou		700		Home 5				1)
	E C	Attending Physician: or death. sctor: After this certific by the funeral director,	lon	27. Menner of Deeth 1 ■ aturei 5 □ Pe			of Injury th, Dey Yea	ar) 28b. 1	ime of njury M	28c. Inju	ury et ork? ] Yes 2 □ No	28d. Descri	be now	injury occur	red	
	isi	death ctor: y the	ficat	3 ☐ Suicide 6 ☐ Co	estigation uid not be		of Injury -	At home fa				28f. Locatio	n (Stree	et end Numl	ber or Rura	il Route Number,
	Ö	after Direction b	Certification:	4 Homicide de	termined	build	ing, etc. (S)	pecify)	rm, street, facto	(6)	IE		Town, S			
١.,		To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Certifier (Check only one)	ifying Phy	vsician: To the liner: On the b	best of my	knowledge minetion en	deeth occurre	d et the t	ime, dete end ple opinion, deeth o	ece, end due to i	the ceus	se(s) end me end piece,	enner es st	eted. the cause(s)
-		ithin 2 the omple	Mec	29b. Signature and filte-aLog		and man	ner stated.	PH			se number			. Dete signe		
(		o So So So So So So So So So So So So So		1 Como	Je	ord	iey				582	2		2/	8/9	6
		2		David B. Gr	ossb	erg 24	415 Mt	usgrov	e Rd, #	307	, Silver	Spring	, MI	2090	4	
		Sta Registr	-	31. Date filed (Mark Day, )	4 19	96 32.	distrar's	Signeture	Carlet							

metrical and so out? 

BALTIMORE, MARYLAND 21215-0020

Amended #s	7+6	P.G. C	0. G.C.	
Amended # 10	0a. 0b. P.	G.Co.	2-12-96	CR

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF I		MENTAL HYGIEN REG. NO.	E			
	1, DECEDENT'S NAME (First, Middle, Last)  ALONZO A	JATHANIE	1 L	GGINS	, Sn.	2, DATE OF DEATH DO NONTH DI		3. TIME OF DEATH  2:35 A · M		
		SEX 8. AGE (In )	rrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8.6	BIRTNPLACE (State or Foreign Country)		
	311-30-4112		-65 YRS.	MONTHS DAYS	HOURS MIN.	1/23/30 Wash.,D.C.				
~	Se. FACILITY NAME (If not institution, give street a				OR LOCATION OF DE		9c. COUNTY			
5	123 EAST MIL	L AVC-		CAPII	OL HOT.	J .	FRINCE	= GEORGES		
E	10s. STATE 10b. COUNTY	1 - 1 - TT 1 -	foc. CIT	Y, TOWN OR LOCA				10d, INSIDE CITY LIMITS?		
5	Md. P.G. Capitol Hgts. Capitol Hgts.									
FUNERAL DIRECTOR	109. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  123 East Mill Ave.  20743  U.S.A.									
W		WAS DECEDENT EVER IN U	S ADMED	1 to WAS DE		IIC ORIGIN? (Specify Yes		• A •  RACE — American Indian,		
В	1 Never Married 2 Married	FORCES? 1 YES	2X 100	If yes, s		n, Puerto Rican, etc.)		Black, White, etc.  Specify: Black		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON (fi	Ba. DECEDENT'S	USUAL OCCUPAT	ON ost of working	16b, KIND OF BU	SINESS/INDUST	TRY		
9	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	Ille. Do NOT u	se retired.)	ecialis	+ D C	Corre	rnment		
MP	17. FATHER'S NAME (First, Middle, Last)	2 yrs	Compt	rer al	-	ME (First, Middle, Maiden		riment		
	Edward Ligg	ine				Patterson				
BE (	19a, INFORMANT'S NAME (Type/Print)	LIIS	19b. MAILING	ADDRESS (Street		Route Number, City or Tow		de)		
2	Linda M. Henders	son	Same	as # '	0 above	9				
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal	trom State cemete	ery, cremetory or o	OF DISPOSITION (Nother place)		1.	CATION — City			
	4 Donation 5 Other (Specify)	На	rmony	Mem.	Park 2/5		dover	, Md .		
						on & Son	s,Inc			
	Carry W.	Gratt								
	23. PART I. Enter the diseases, or companies, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Lung NS	ONSEQUENCE O	an	ode or dying, auc	n as cerdiac or reap	iratory errest	Approximate Interval Between Operat and Death		
CERTIFICATION	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):									
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
E	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE O	F):						
ER	d.									
MEDICAL (	PART II. Other algnificent conditions co	ontributing to death but	not resulting	in the undariying	ng ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
	DID TOBACCO USE CONTRIB	TITE TO CALISE OF	DEATH V	ES ITAIO I	UNCERTAI	N. D.		1 PYES 2 NO		
AN	25. WAS CASE REFERRID TO MEDICAL			TN (Check only one						
SIC		OSPITAL:  Inpatient 2 ER/Outpat	lent 3 🗆 DOA	OTHER:	me 5 Rasidenca	8 Other (Specify)				
Y PHYSICIAN:	27. MANNES OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify	- At home, farm,	street, factory, off	ca	281. LOCATION (Street City or Town, State		Rural Route Number,		
	29a. CERTIFIER CERTIFYING PHYSICIAN	N: Tg/the best of my knowled	ine death occur	rad at the time, de	e and place, and due	to the cause(s) and me	nner ee steted			
COMPLETED	and and							ause(a) and menner as stated.		
BE	THE SHALL AND TITLE OF CERTIFIED	m/2			29c. LICENSE NUI	MBER	29d. DATE SI	IGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	N (ITEM 27) (Type	a. Print) Bron	ALIZ DIA	c#409	Chi	201775		
(	31. DATE FILED (Month, Day, Year) FEB 1-2 :1996	32 REGISTRAR'S SIGNAT		0.000	NITE V	701	Cr Strike	0770 -0133		
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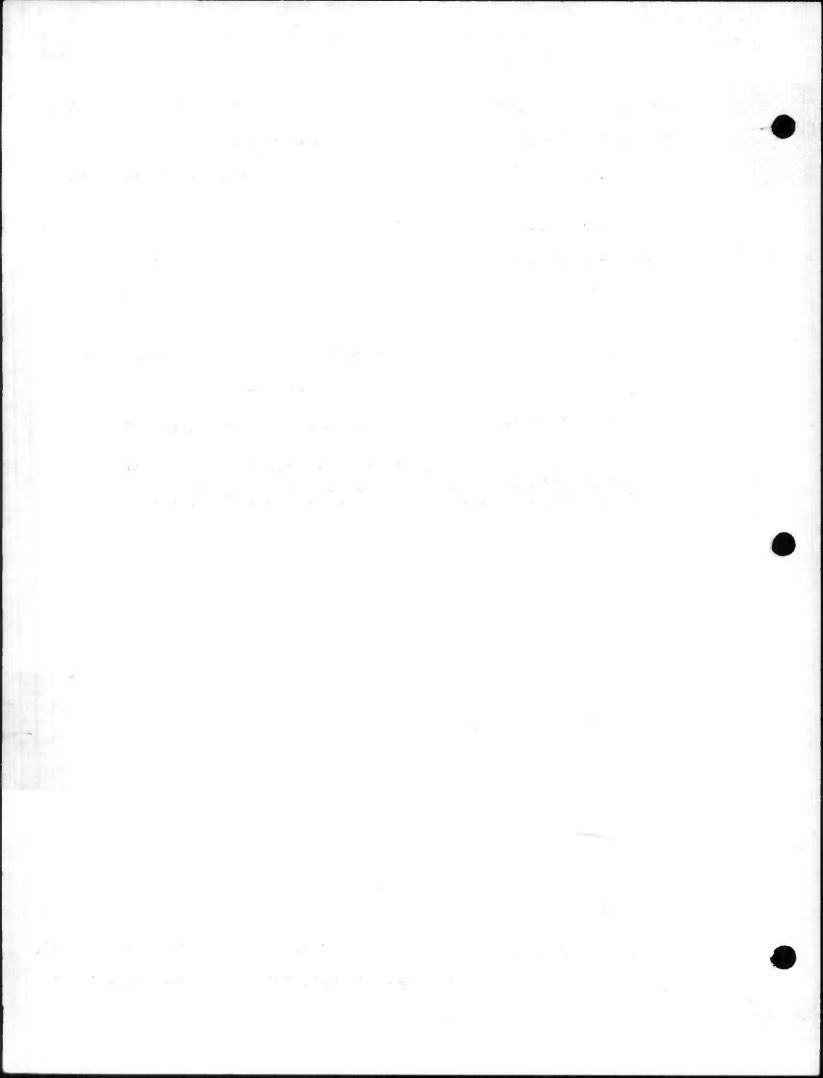
Educate with the Mest 9 : 37.

В.

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K S	ITEMS: 23 PART I, II,	Type or Print in B	iack indelible ink.	Assure All Copies	Are Legible.	OFOOC
1(.0	11EMS: 23 PART 1, 11,	State of Maryland	/ Department of H	lealth and Mental Hy	raione 30	05906
27	ITEMS: 23 PART I, II, PER MEO FILM G-733 3/1	1/96 t.t	O will to	Tealth and Mental Hy	gierie	

Physician //Medical Examiner  MILDRED  MCRAE  MILDRED  MCRAE  MILDRED  MCRAE  4e. Facility Name (If not Institution, give street and number)  15 17 LIGHT STREET  4b. City, Town, or Location of Death BALTIMORE  Funeral  Funeral  Funeral  Day FEB. 13, 1996 6:33AM  4c. County of Death  BALTIMORE  Funder 24 Hrs. 8. Date of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)  O 7.0 2.44 2.6 0.02 10 M 2 M F  The street of Birth (Month, Day, Year)		2	/,	PER MEO FILM G-733 3/11		Ce	ertificate of	Death	Re	g. No.		
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Social Security Name   Secur	)	🐃 Examii	ner							4c. County	of Death	
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Discource of the control of the cont		Funeral				(In yrs. last birthda)			8. Date of Birth	Vaer)	9. Birthpiece	State or Foreign
The State   The	н	Director		079-24-2602 74 Yrs. 8-28-1921 Brunsw								
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Physician Middled Examiner  The design of certific to the cause of conditions and the conditions of th				23e. Part1. Enter the disease, or compl	lcations that caused I	e death. Do not e	nter the mode of dyln	g, such as cardiac	or respiratory arre	st,	Appr	oximate
Myelical Examiner   Final disease of condition   Final disease   Final disease   Final disease   Final disease   Final disease   Final disease   Final disease   Fin		Physician		STOOK, OF HEALT ISSUED. LIST OTHY OF	ne cause on each war							
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Sequentially list conditions, if enty, leading to immediate cause. Enter Underlying cause given in Pert I.  Due to (or as a consequence of):  C. Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  DIABETES MELLITUS  DIABETES MELLITUS  DIABETES MELLITUS  DEPRESSION  DIABETES MELLITUS  DEPRESSION  24a. Was an eutopsy performed?  25b. Did tobacco use contribute to the cause of death?  10x es 2 No 3 Probably International Conditions contributing to death but not resulting in the underlying cause given in Pert I.  DIABETES MELLITUS  DEPRESSION  24a. Was an eutopsy performed?  25b. Was case referred to medical examination of cause of death?  10x es 2 No 3 Probably International Conditions contributing to death but not resulting in the underlying cause given in Pert I.  10x es 2 No 3 Probably International Conditions contributing to death but not resulting in the underlying cause given in Pert I.  10x es 2 No 3 Probably International Conditions contributing to death but not resulting in the underlying cause given in Pert I.  10x es 2 No 3 Probably International Conditions contributing to death but not resulting in the underlying cause given in Pert I.  10x es 2 No 3 Probably International Conditions contributing to death but not resulting in the underlying cause given in Pert I.  10x es 2 No 3 Probably International Conditions contributing to the cause of death?  10x es 2 No 3 Probably International Conditions contributing to the cause of death (International Conditions)  25c. Places of Death (Check only one)  25c. Places of Death (Check only one)  25c. Places of Death (Check only one)  25c. Places of Death (Check only one)  25c. Places of Death (Check only one)  25c. Places of Death (Check only one)  25c. Places of Death (Check only one)  25c. Places of Death (Check only one)  25c. Places of Death (Check only one)  25c. Places of Death (Check only one)  25c. Places of Death (Check only one)  25c. Places of Death (Check only one)  25c.		Examiner		resulting In deeth)	ð			LNJL			1	
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27. Manner of Deeth 1 XX Natural 2   Accident 3   Sulcide 4   Homicide  28a. Dete of Injury 4   Homicide  27b. Manner of Deeth 1 XX Natural 2   Accident 3   Sulcide 4   Homicide  28b. Place of Injury 4   Homicide  28c. Injury at Work? 1   Yes 2   No  28d. Describe how injury occurred  28d. Descr	13	striffic ector,		eveminer?					(Check only one	)		
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature end title of certifier  29c. License number  29c. License number  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)  29c. License number  29d. Dete signed (Month, Day, Year)  31. Date filed (Month, Day, Year)  32. Registrer's Signeture	-	nysto nis ce i dire	2		lospital: 1   Inpatient	2 ER/Outpatie	ent 3 DOA Oth	er: 4 Nursing Ho	ne XIXResider	nce 8 Oth	er (Specify)	
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29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature end title of certifier  29c. License number  29c. License number  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)  29c. License number  29d. Dete signed (Month, Day, Year)  31. Date filed (Month, Day, Year)  32. Registrer's Signeture	0	ath. vr. Af	atic	2 Accident investigation	11/2/27							
29a. Certifier (Check only one)  29a. Certifier (Check only one)  29b. Signature end title of certifier  29c. License number  29c. License number  29d. Dete signed (Month, Day, Year)  30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)  29c. License number  29d. Dete signed (Month, Day, Year)  31. Date filed (Month, Day, Year)  32. Registrer's Signeture	N		tific		28e. Place of Injury	- At home, ferm, s	treet, factory, office	1:	28f. Location (Str.	eet end Numb	er or Rural Rou	le Number,
30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)  Dennis J. Chute M. 111 Penn Street, Baltimore, Maryland 21201  Strike 31. Date filed (Month, Day, Year) 32. Registrer's Signeture		s eft or in Dir	Cer		bulloning, etc.	(Opecity)			ony or rown,	0.0.07		
30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)  Dennis J. Chute M. 111 Penn Street, Baltimore, Maryland 21201  Strike 31. Date filed (Month, Day, Year) 32. Registrer's Signeture		papit hour ners y fills			ician: To the best of	my knowledge, dea	th occurred at the tin	ne, date and place,	and due to the ca	use(s) and ma	anner aa stated.	
30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)  Dennis J. Chute M. 111 Penn Street, Baltimore, Maryland 21201  Strike 31. Date filed (Month, Day, Year) 32. Registrer's Signeture		P Fu	$\frac{3}{8}$		ner: On the basis of each manner state	xamination and/or l id.	nvestigation, in my o	plnion, death occurr	ed et the time, de	te and plece,	and due to the c	ause(s)
30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)  Dennis J. Chute M. 111 Penn Street, Baltimore, Maryland 21201  Strike 31. Date filed (Month, Day, Year) 32. Registrer's Signeture		Vithir Forth		29b. Signature end title of certifier			29c. Licens	e number	29	d. Dete signe	d (Month, Day, 1	Year)
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Dennis J. Chute M 111 Penn Street, Baltimore, Maryland 21201  Strite 31. Date filed (Month, Day, Year) 32. Registrer's Signeture			ŀ	30 Name and address of	-	th (Itam 02a) (To						
Strate 31. Date filed (Month, Day, Year) 32. Registrer's Signeture				T 71	1	111 Pe:	nn Stree	t, Balt	imore.	Marvl	and 21	201
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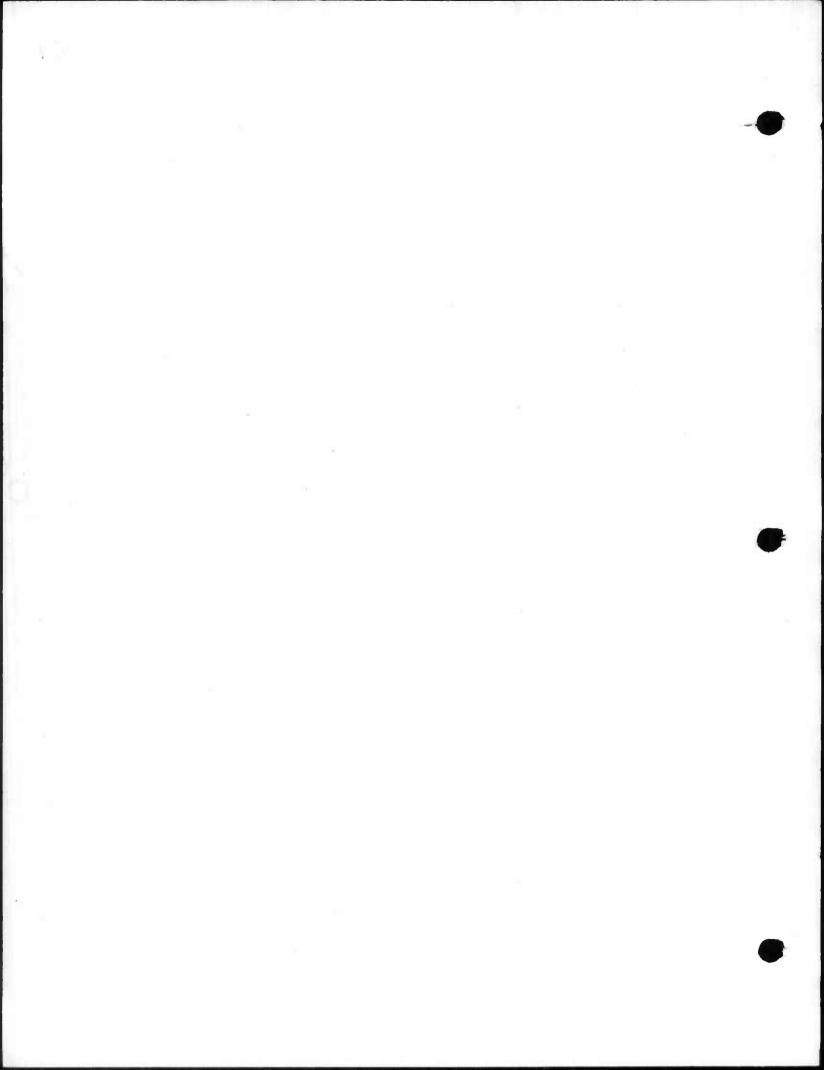


DF VITAL RECORDS, P.O. BOX 68760 S BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hodgs after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should inthe State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ORDS, P.O. BOX	that the death certificate be ex	ned by the attending physician a th and Mental Hygiene prior to	any injury, or other traum
DIVISION OF VITAL RECC	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fir be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If item 28 is marked, or item 23 shows a
	TO T	De 40 €	IMP

DIVISION OF VITAL RECORDS, P.O. BOX 68760

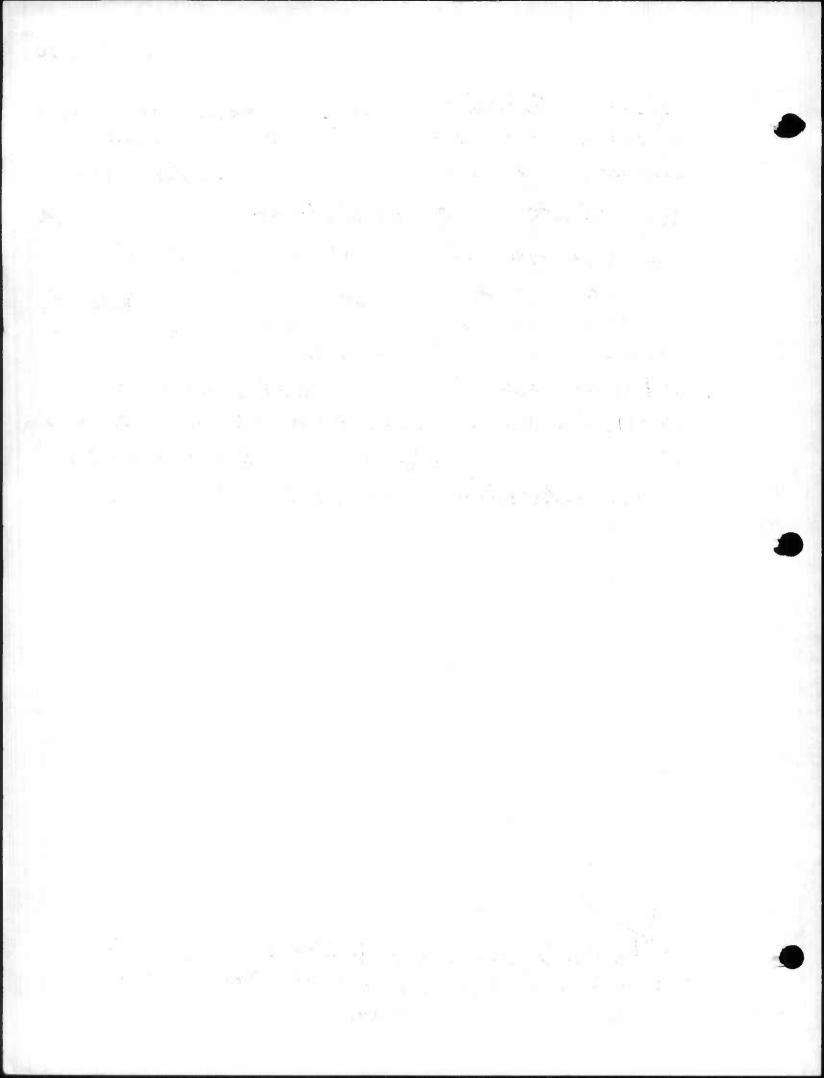
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH		3. TIME OF DEATH				
	Louis E. Moore			February .	17, 1996	11:30 Am				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIR									
	716 - 01 - 7005 1₺M2□F	76 YRS. MONTH		ebruary 1,	Cou	ontry) Delaware				
	9e. FACILITY NAME (If not institution, give etreet end number)	9b. C	TY, TOWN OR LOCATION OF D		9c. COUNTY OF					
OR I	207 North Howard Street		North Ea	st	Ceci	11				
DIRECTOR	RESIDENCE OF DECEDENT									
1 2 2	INC. CIT, TOWN ON EXCENTION									
	Maryland Cecil		North East		,	1 🔀 YES 2 🗌 NO				
PA PA			10f. ZIP CODE			WHAT COUNTRY?				
FUNERAL	207 North Howard Street			1901		States				
	1 Never Married 2 V Married FORCES? 1 X YES	2 NO	3. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico	in, Puerto Rican, etc.)	94	CE — American Indian, ack, White, atc.				
B	3 ☐ Widowed 4 ☐ Divorced US Navy — W		1 TYES 2 NO Specif	y:	Sp	•c//y: White				
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY					
冒	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work dor life. Do NOT use retired	e during most of working							
그로	8	Carpente		nstruction						
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			ME (First, Middle, Meiden						
ш	John W. Moore		Clara	B. Young						
0 B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRE	SS (Street and Number or Rural		n, State, Zip Code)					
F	Mildred L. Moore	207 Nortl	n Howard Stre	et, North	East, MI	21901				
		PLACE AND DATE OF DISP		OATE 20c. LO	CATION City or	Town, State				
10.7	4 Donation 5 Other (Specify) No	petery, crematory or other place orth East Me	ethodist Cem.	2/20 Nor	th East,	Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7	NAME AND ADDRESS OF FA	1 Home						
	11666411nuk		l27 South Mai	n Street.	North Ea	ast, MD 21901				
	23. PART i. Enter the diseesea, or complications that couse	the death. Do not ent				Approximate				
	ahock, or heert failure. List Dniy one cause on e IMMEDIATE CAUSE (Finel	ech iine.			,,	interval Between Onset and Death				
	disease or condition	tatic Ci	4			Onset and Death				
	reducing in death)	CONSEQUENCE OF):								
z										
₽	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury									
H	that initiated events DUE TO (OR AS /	CONSEQUENCE OF):								
CERTIFICATION	d.									
AL C	PART ii. Other aignificent conditions contributing to death b	ut not resulting in the	underlying ceuse given in	Part i. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS				
.   ₫				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC				1 YES 2	∐ NO	OF DEATN?				
S	DID TOBACCO USE CONTRIBUTE TO CAUSE O	F DEATH YES X	NO THE LINCEPTAIN			1 TES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Chec		1 0						
Sic	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpetient 2 ER/Outs	othi	ER: ursing Nome 5 Residence	e C Otto (00 - 15)						
¥	27. MANNER OF DEATH 26e. DATE OF INJURY	26b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED					
	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WORK?							
ЭВУ	3 Suicide 26e. PLACE OF INJURY	- At home, ferm, atreet, fe	, ,	261. LOCATION (Street a	and Number or Rure	I Route Number,				
E	4 Nomicide determined building, etc. (Spec	ery)	_	City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only 1	ledge death occurred at the	time data and place, and due	to the source(s) and sour						
ME	(Check only one)  2 MEDICAL EXAMINER: On the beels of examination					n(e) and manner as winted				
	29b. SIGNATURE AND TITUE OF CERTIFIER									
BE	V 5 V 7		29c. LICENSE NUI	a C	29d. DATE SIGNE	ED (Month, Day, Ybar)				
2	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Print)	10000	70	- 4	14/96				
	Thomas G. Finescan	11.4	3 Mandi	Α	1 / 1	6 1001				
	21 DATE FILED (Month Day Year) 20 DEGISTER DISCOURT	ATURE	Manda	n pue.	NOUT	Castila.				
	FEB 20 1996 Julia Dhuillian R	ardall				' )				
	The second second									



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			Certificate of Maryland / Department of		entai mygie Reg		00300
	Physic	an	1. Decedanj's Nama (First, Middla, Last)		2. Data of Death Month	Dey Year	3. Tima of Death
-	/Medi	cal	4a. Facility Nama (If not institution, give street and number)	er F	reb. 8	1996 4c. County of Death	6:45 PM
7	Examir	ner	Memorial Hospital at Easton	Easton		Talbo	
	Funeral Director		5. Social Security Number 2.16 - 74 - 2949  6. Sax 1 M 2 F 7. Aga (In yrs. last birthdey) Months Day	ar If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, Y	9. Birth Cou	nplaca (Stata or Foreign
7	ehow	2	Usual Rasidance of Decedant  10e. Stete  10b. County  10c. City, Town or Location	RTOWN			10d. Insida City Limits 1 ☐ Yas
	with the N n or 28a-f	Directo	10e. Street and Numbér		10g	. Citizen of What Cou	
020	72 hours after death with the Maryland naturelf, or theme 23e or 28e-f ehow dical Exeminer must be mottled at	by Funeral Director	11. Marital Status 12. Was Decedent Evar in U.S. 13. Was Decedent of	f Hispanic Origin? (Specuben, Mexican, Puarto R	cify Yas or No- lican, atc.)	14. Race - Amar Black, Whita Specify:	
21215-0020	S 9	Completed	15. Decedant'e Education (Specify only highast grada completed)  Elementery/Secondary (0-12)  Collaga (1-4or 5+)  16a. Decedent's Usuel Occ (Giva kind of work don life. DO NOT usa rati	red)	g 16	b. Kind of Businass/li	ndustry
pu	d be filed with ntel Hygiena. ed other than: event, me	Be	17. Felhar's Name (First, Middla, Last)  Claude wooter	18. Mothar's Nama	(First, Middle, Ma	iden Sumema)	/
aryl	should be and Mentel e marked o sumatic eve	To	19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Stre			City or Town, Steta, Z.	ip Coda) (
d)	1 and 2 Health a em 27 le other tra			IR IEE R		esterts	
Baltimore,	permit. Peges 1 Department of H Important: If iter any Injury or ott		20a. Method of Disposition  20b. Placa of Disposition (Nama of camatan, crematory or other p  20b. Placa of Disposition (Nama of camatan, crematory or other p  A Donatton 5 Other (Specify)	lece) + 2,	15/86 C	c. Location - City or T	2 Town Ma
Bal	Departition and Information		21. Signeture of Funaral Service Licensee  22. Neme end Add  24. A 1.	ress of Facility	JAK Y	ntlom	620
			23a. Pert1. Entar the diseesa, or complications that caused the deeth. Do not enter the moda of d shock, or haart tellura. List only ona causa on aech lina.				Approximate Intarval Between Onsat and Death
	Physician /Medical Examiner		Immediata Cause (Final disaasa or condition rasulting in death)  a. Cavelvo Vo, cula	accide	sut me	ulliple	1-2 days
	D #	iner	Due to (or as a consequance ot):			U	0
0,	icata be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying				
c 68760,		Medical	Causa (Disaasa or Injury thet Initieted evants resulting in daeth) Last  Dua to (or as a consequenca of):				1.50
Вох	eath certing attending for use e	cian/	d				
P.O.	thet the de ed by the datached	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying cause of the significant conditions contributing to death but not resulting in the underlying cause of the significant conditions contributing to death but not resulting in the underlying cause of the significant conditions contributing to death but not resulting in the underlying cause of the significant conditions contributing to death but not resulting in the underlying cause of the significant conditions contributing to death but not resulting in the underlying cause of the significant conditions contributing to death but not resulting in the underlying cause of the significant conditions contributing to death but not resulting in the underlying cause of the significant conditions contributing to death but not resulting in the underlying cause of the significant conditions contributing to death but not resulting in the underlying cause of the significant conditions cause of the significant conditions contributing to the significant conditions cause of the significant conditions cause of the significant conditions cause of the significant conditions cause of the significant conditions cause of the significant conditions cause of the significant conditions cause of the significant cause of the significan	jivan In Part I.		2 No 3 Pro	to the cause of death?
Records,	v requires the been signed should be dat	eted by	Covoyan Oten Disease		24e. Was an a performe	d? a	Vara autopsy tindings vallable prior to completion of cause
E .	ate h	Completed	Chronic veral falux		1 ☐ Yas	¥	f déath? □ Yas 2□ No
of Vital	Physician: The this cartificate ral director, pag	To Be	25. Was casa ratarred to medical examined?  1   Yas   Ya   No   Hospital:   Inpatiant   2   ER/Outpatient   3   DOA   C	26. Place of Deeth		a 6 □Othar (Spec	26.3
_			27 Mennar of Death 28 Data of Injury (Month, Day Year) Whaturel 5 Panding (Month, Day Year) W		8d. Dascribe how		нуу
Division	aftar daa Director d in by the	Certification:	3 Sulcida 6 Could not be determined 28a. Placa of Injury - At homa, term, streat, factory, office building, etc. (Specify)	a 28	8f. Location (Stree City or Town, S	et and Number or Ru Steta)	ral Routa Number,
1	To the Hospital or Attending within 24 hours aftar death.  To the Funerel Director: Aft completely filled in by the fun	edical C	29a. Certifying Physician: To the best of my knowledge, death occurred at the control of the con	tima, data and place, ar oplnion, daath occurred	nd dua to tha caus d at the tima, data	se(s) and menner as end placa, and dua	stated. to the cause(s)
i	withir To th	Me	29b. Signature and title of certifier 29c. Lice	nse number	29d	. Data signed (Month	, Day, Year)
			Juneus D. (Strum up D)	21401	7	2-4.9	16
			20. Name and eddrass of parson who completed cause of death (Itam 23a) (Typs, Print)	Butch	MANSL	A. EASTO	r, mt 21601
	Sta Registr		31. Data tiled (Month, Day, Year)  32. Registrer's Signatura				



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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH Jeby wary GREYSON 996 TRUITT 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year) 5. SEX 6. BIRTNPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🖳 M 2 🗆 F YRS. 228-34-6049 64 November 21. 1931 North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WICOMICO PENINSULA REGIONAL MEDICAL CENTER SALISBURY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY. TOWN OR LOCATION 10a. STATE 10b. COUNT 10d. INSIDE CITY Delaware Sussex Laurel 1 YES Z NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 19956 2214 Jami Ave. USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—II yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. t Never Married 2 K Married 1 YES 2 NO Specify: Specify: ВУ 3 Widowed 4 Divorced Navy White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-t2) Collega (1-4 or 5+) 1 1 Garage Manager Poultry 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Sally Charles Greyson Mitchell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2214 Jami Ave., Laurel, DE 19956 Beverly Ann Mitchell 20a. METNOD OF DISPOSITION
1 X Burial 2 Cremation 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata 4 Donation 5 Other (Specify) Wicomico Memorial Park 2/10 Salisbury, MD 21. SIGNATURE OF JOS RAL SERVICE LIGHTEE 22. NAME AND ADDRESS OF FACILITY Holloway Funeral Home tollows 501 Snow Hill Rd., Salisbury, MD 21801 PART I. Enter the diseases, or complications that caused ahock, or heart failure. List only on cause ed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Final uttiple Myeloma DUE TO LOR AS A CONSEQUENCE OF): disease or condition Multiple resulting in death) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 Dimpatient 2 DER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Nome 5 Rasidenca 6 Other (Specify) 28b. TIME OF INJURY 27 MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending Investigation BY 2 Accident 26s. PLACE OF INJURY — At home, larm, street, factory, offica building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide CERTIFIER
(Check only one)

A SENIOR PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examines/on such as the such a

2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 143 oreall. 32. REGISTRAR'S SIGNATURE

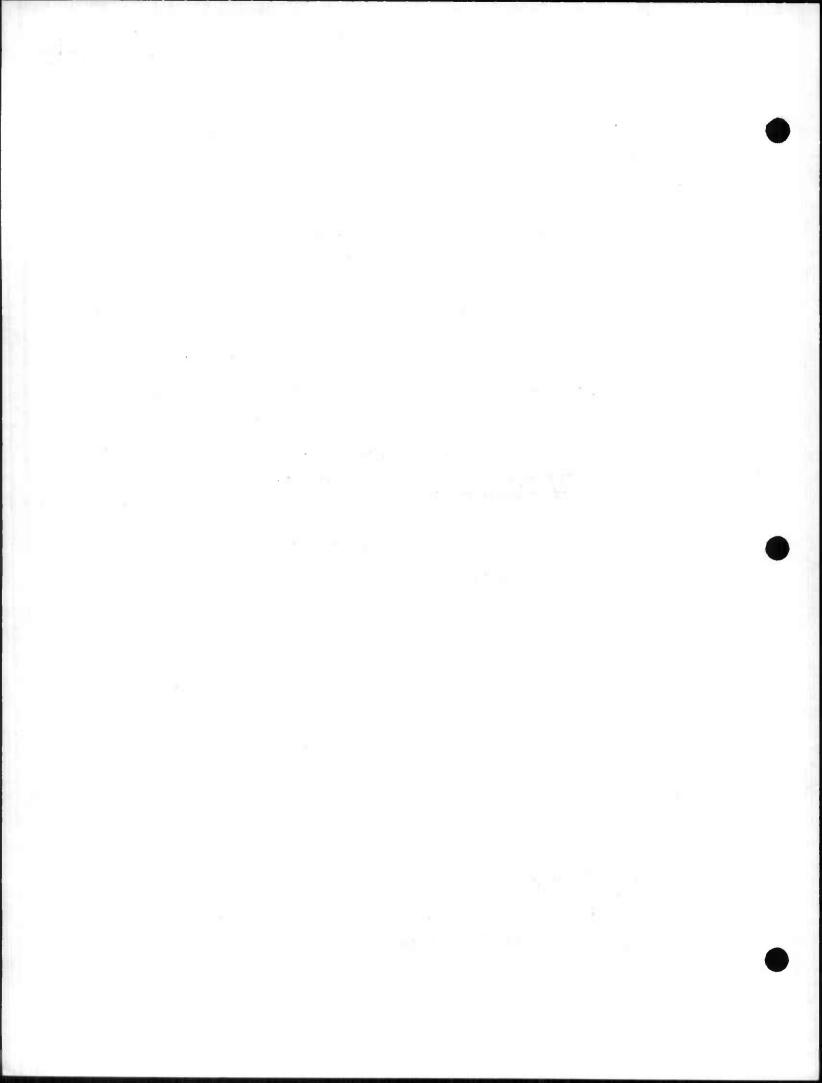
29c. LICENSE NUMBER

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	1	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF				3. TIME OF DEATH
	1 9	WENDELI		GRAYDON			Λ	10.	zick	To	FE DRI	00		96	0037 M
		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yr.	s. lest birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH		8. BIRTHP	LACE (State or Foreign
		215-44-5858	8	1 🔀 M 2 🗌 F	50	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, I		1946	Country)	ryland
should		90. FACILITY NAME (If not in				_			OR LOCATIO			2, 3,		NTY OF DE	
2.3	CTOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO										0			
	띱	RESIDENCE OF DEC	10b. COUNTY		-	10c. CIT	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
. Pages	DIRE	Maryland	Wi	icomico			Sali	isbu	rv						LIMITS?
permit	ERAL	106. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT													
bunal-transit permit.	ER	411 Valleywood Dr. 21801 USA													
rial-tr	FUN	11. MARITAL STATUS  1 Never Married 2 🖔	Mandad	12. WAS DECEDEN	T EVER IN U.S	S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN' 1 NO 11 yee, specify Cuben, Mexican, Puerto R							or No-	14. RACE Black,	- American Indian, White, etc.
the Dr.	B	3 Widowed 4 Dive		IF YES, GIVE Y	Nam Nam	3			20 NO					Specify	
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be	COMPL	12		0	]	Postal	Cler	k			U.5	. Pos	stal	Serv	ice
	8	17. FATHER'S NAME (First, M		Λ:-1- C-					1		ME (First, Mic	dle, Meiden		1 .	c
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5 5	2	Joan E. Me									Salis				1
page t be		20e. METHOD OF DISPOSIT			20b. PL/	A CE AND DATE	OF DISPOS	SITION/N		,	DATE	-		City or Tow	
director. per must		1 🔀 Buriel 2 🗆 Cremetic 4 🗆 Donetion 5 🗆 Other		oval from State	- Wic	omico	Memor Memor	ial	Park	ζ	2/1	S	alist	ury,	MD
e funeral dir J. examiner		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	,				ND ADDRE		eral F	lome			
		Mari	id #	· Gom	poor	>	- 1						isbur	y,MD	21801
d in by the or removal. medical e		23. PART I, Enter the d	liseeses, or o	complications the	of coused the	e death. Do	not enter	the mo	ode of dyl	ing, suci	ss cardis	c or respl	lratory sr	rest,	Approximate Interval Between
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ompletely filled, cremation.		disease or condition resulting in death)	$\rightarrow$	even	10-2	Mu	w	(61	non	6 1	esen	len	MA	luxe	-
P = 8	_			colo	OH AS A CO	AS A W. AS	OF):	1000	hin	0					
OF	RTIFICATION	Sequentially list condit if any, isading to imme		DUE TO	(OR AS A CO	NSEQUENCE C	DF):	^	1						
physician ne prior t	CA	cause. Enter UNDERLY CAUSE (Disease or inju	ING	SIP	Renn	l Tr	ems	ple	Ken						
nding phy Hygiene or other	[	that initiated events resulting in death) LAS		DUE TO	(OR AS A CO	NSEOUENCE C	OF):								
the attending it Mental Hygien	CER	resulting in destily End		d											
signed by the att Health and Mental bws any injury,		PART II. Other significa	ent condition	e contributing to	death but	not recuiting	In the ur	nderiyir	ng ceuse	given in	Part I. 2	4a. WAS AN			WERE AUTOPSY FINDINGS
signed by Health and Iws any In	EDICAL										_		MO		COMPLETION OF CAUSE OF DEATH?
or sign	WE												-(		1 WES 2 NO
as been Sept. of 23 sh	ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
ficate has b State Dept.	PHYSICIAN:	EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	R:			2 m - 22 m				
the the	H K	27. MANNER OF DEATH		1 Inpatient 2	FINJURY	28b. Til	WE OF		JURY AT	esidence	8 Other (	Specify)	INJURY OC	CURED	
r this h with			Pending Investigation	(Month, I	Day, Year)	- IN	JURY		YES 2	NO					
OTOR: After this cafer death with 28 is marked,	D BY	2 Accident 3 Suicide 8	Could not be		OF INJURY — . , etc. (Specify)	At home, ferm,	street, fec	tory, offi	ce		281. LOCAT	ION (Street Town, Stete)	and Numbe	r or Rural Ad	oute Number,
DIRECTOR: After this certificate has been hours after death with the State Dept. of item 28 is marked, or item 23 she	ETE	4  Homicide	determined												
	171		TIFYING PHYSI	CIAN: To the best o	f my knowledg	ge, death occur	red at the t	time, dst	e end place	, end due	to the ceus	e(e) end ma	nner ee sta	ted.	
INERA Thin 7	COMPL	one) 2 MED	DICAL EXAMINE	R: On the beele of	exemination en	nd/or Investigati	lon, in my	opinion,	death occur	red at the	time, date e	nd place, er	nd due to t	he couse(e)	end menner ee stated,
TO THE FUNERAL ID THE FUNERAL IN THE FUNERAL IN THE FUNERAL IN THE PROPERTY IN	BE (	29b. SIGNATURE	OF CERTIFIES	4					29c. LIC	ENSE NUI		_	29d. DA	101	(Month, Dey, Year)
2 2 3 3	5	38, NAME AND ADDRESS O	Y VCVY	O COMPLETED CAL	IRE OF DEATH	/ITEM 27 /T-o	n (D-(mt)		1)	1	50	/		4919	16
5		Tarak	D	LR M C CA	OF UEATH	1 C R	-	14-41	ROL	, 5.	- (	SAU	cn.	h 42	mo
2 0		31. DATE FILED (Month, Day,	Year)		AR'S SIGNATU		-,	/N 1X	aco v	1 0,	4	SITU	136	wy	1710
Me		FER	0 9 1990	Jalia	Shuchest	Rardall									
				0											DHMH-18 Rev 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>				OF DEATH		3. 1	TIME OF OEATH
	ELEAND	OR Min	MAT	1500		Febi	ruary			7:01 P M
	4. SOCIAL SECURITY NUMBER		rrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (	OF BIRTN	8.		CE (State or Foreign
	0//0//									NESOTA
~	9a. FACILITY NAME (If not institution, give stre	1 1			R LOCATION OF BI			9c. COUNTY	OF OEATH	
5	SOUTHERN //	ATY AND A	USPITAL		KINTO	~		Pri	INBA	- GEORGE
EG	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT					10d	, INSIDE CITY
DIRECTOR	MD PRIN	IGE GEONE	ME	Chin	771)				6.6	LIMITS?
	10e. STREET AND NUMBER		-/-	101	ZIP CODE			10g. CITIZEN		
FUNERAL	9211 STUANT	LANE			2073	5		11.	S.	
2	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED		ENDENT OF HISPA				· · ·	American Indian,
ВУ Е	Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1 TYES		1 TYES	2 NO Specific		Rican, etc.)		Specify:	OLITE
						T and the				NIE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	completed)		JSUAL OCCUPATION  ork done during mo		16b.	KIND OF BUS	INESS/INDUS	TRY	
7	Elementary/Secondary (0-12)  UN/CNOWN  U	College (1-4 or 5+) (N/CNOWN					1		)	
MO	17. FATNER'S NAME (First, Middle, Last)	LNICIOUN	uni	CNOWN	18. MOTNER'S NA	ME /First A		NOW	<u> </u>	
	UN KNOWN				UNK			Juniorey		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street a	nd Number or Rural			n, State, Zip Co	de)	
5	John Galzerano		9211	Stewart	La Clin	ton,	MD 20	735		
	20a. METNOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remove	20b. Pl	ACE AND DATE O	F DISPOSITION (Na	me of	DATI	E 20c. LO	CATION — City	or Town,	State
	4 Donation 5 Other (Specify)	Met	ry, crematory or oth ropolit	ian Crer	natory	2-20-	-96 Ale	exandr	ia, N	/A
	21. SIGNATURE OF PUNEHAL SERVICE LICE	M001	73		D ADDRESS OF FA					
	VIII H C	lu-	. •	0.H. I	Eberwein White Pl	Mort s. T.s	uary Whit	- D1c	М	20695
	23. PART Enter the diseases, or co	omplications that caused t	he death. Do n							Approximata
	anock, or haart failura. L.	lat only one cause on aac	h iina.				•	,	,	interval Between Onset and Daath
	immediate Cause (Final disease or condition resulting in death)  a.   Cessis for final disease or condition at the consequence of:									
	readiting in death) - a	OUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  GONDAN WIOSID Sulfy  OF									
CERTIFICATION										old.
2	CAUSE (Disease or injury	DUE TO (OR AS A C	ONSEQUENCE OF	1.						May you
E	that initiated events resulting in death) LAST	Chrini	i obstu	In Link					j	May you
CE										
AL	PART ii. Other significant conditions		not resulting in	n the underlying	g cause given in	Part i.	24a. WAS AN PERFOR	AUTOPSY MED?		RE AUTOPSY FINDINGS ILABLE PRIOR TO
8		hornie ked					1 YES 2	NO		MPLETION OF CAUSE DEATN?
ME									1 [	YES 2 NO
ÿ	DID TOBACCO USE CONTR				UNCERTAI	ИП			<u></u>	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		H (Check only one) OTHER:						
IYS	1 YES 2 NO 27. MANNER OF DEATN	1 1 Inpatient 2 ER/Outpati		4 Nursing Non	e 5 Reeldence	_				
	t Natural 5 Pending	(Month, Day, Year)	28b. TIME	JRY WC	YES 2 NO	28d. DES	SCRIBE NOW II	NJURY OCCUR	RED	
BY	2 Accident Investigation 3 Suicide 9 Could not be	28e. PLACE OF INJURY —	At home, farm, a			281 1.00	ATION (Street a	and Number or	Rumi Bruda	Number
	4 Homicide 8 Could not be	building, etc. (Specify,	)			City	or Town, State)		TIONE TIOOTO	, and the second
COMPLETED	29a. CERTIFIER JOSEPHIEVING PHYSIC	CIAN: To the beet of my knowled	les doub server	d et the time dete	and alone and du	4-41				
MP	ogel	R: On the baels of examination e							euse(s) an	d menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				70111	
BE	The State of Section in	K, N	C. C			6640	,	J. Z	2 MO	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WIND	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)	D da	, , , ,		00		41110
	1328 Southe	DRN AND:	#202	- INA	Shipish	-pel	A	2.	KA	32
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE O		2000				سا رے	
- 1	FFR 2 0 1996	Jalin Much	ion Nardall							

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Den

partment of Health and M	ental Hygiene	9	6	0	5	9		1
ertificate of Death	Reg No						•	

					Tylana	•	tificate of		iu ivientai n	Reg. No.	0 03912		
	Physic /Medi		Decedent's Neme (First, Middle, Last TIMOTHY	LYDE	MINO	OR			2. Deta of D Month FEB.	Dey	Year 2. Time of Deeth 1:51PM		
	Exami		4a. Facility Nama (If not institution, give	street end number)				4b. City, Town	, or Location of Dea	ith 4c. County	of Death		
			PHYSICIANS MEMO 5. Social Sacurity Number 6. So				If Undar 1 Yaar	LA F	PLATA	CHAI			
k.	Funeral Director		214-72-2834 X		40	Yrs.	Months Deys		Min. (Month, D	B, 1955	9. Birthplece (Steta or Foreign Country) VASHINGTON, D.C.		
	tand tand		Usual Rasidence of Decedent  10e. Stete 10b. County		10c. City,	Town or Loc	ation				10d. Inside City Limits		
	Meny	tor	MARYLAND CHARLES		WALD(	DRF					1 ☐ Yas 2 No		
	th the	lrec	10e. Street and Number	1		1	10f. Zlp Code			10g. Citizan of \	What Country?		
	23a	ral	1038 DARTMOUTH ROA	\D			20602			U.S.A.			
020	filed within 72 hours after death with the Meryland Hygiene. ther than "natural", or flerns 23a or 28a-f show ord, the Medical Examine must be notified at	by Funeral Director	11. Maritel Stetus 1 ☐ Never Merried 2 1 Merried 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedant Ev Armed Forces? 1 ☐ Yas 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2. Wes Decedant Ever In U,S. Armed Forces?  1 ☐ Yas 3 No If Yas, Specify Cubar  1 ☐ Yes XXNo Yaar or Datas:				n? (Specify Yes or N Puerto Rican, etc.)	Io- 14. Red Bied Specify	oce - American Indian, eck, White, etc. BLACK		
5-0	"netural",	etec	15. Decadent's Ed (Specify only highast gree	ucation da complated)		(Give k	ent's Usual Occup	during most of	f working	16b. Kind of B	usiness/industry		
Maryland 21215-0020	filed within 72 ho Hygiene. other than "naturent, the Madical	Completed	Elementary/Secondery (0-12)	College (1-4or 5+	life DO NOT use retired)					LAW ENFORCEME			
pu	be filed Ital Hygi d other	Be	17. Fethar's Nema (First, Middla, Last)						Neme (First, Middle		ne)		
ryla		2	CLYDE MINOR						ED BUTLER				
Mai	d 2 should th and Mer 7 is marke traumatic		19e. Informent's Name/Reletionship (7 GLORIA A. MINOR/SP						WALDORF				
	s 1 end 2 Health item 27 i other tr		20e. Method of Disposition	UUJL	20b. Pled	ca of Dispos	Itlon (Neme of		Deta		City or Town, Steta		
Baltimore,	0 0 - 2		1		1		CATH CH		ERY FEB 1		ORF, MARYLAND		
Bal	pemit. Pag Department Important: I any injury o		21. Signeture Fundral Service Licen	HEWS MOOG	58	TH	Neme end Addre	<b>FUNERA</b>	L HOME, I	NC.	20604-0156		
	Physician /Medical Examiner		23e. Part1. Entar the disaasa, or compenced, or heert feiture. List only of the compensation of the compen	e.	It	Do not enter	m	ng, such es ca	rdiec or respiretory	errest,	Approximete Intervel Batween Onset and Death		
Box 68760,	eath certificate be executed ettending physician and for use as the buriel-transit	an/Medical Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Entar Undarlying Ceusa (Disaase or injury that Initiated events resulting in deeth) Lest	C		s e conseques a conseque							
P.0.	the d	Physician/M											
Records,	s been 2 shou	Completed by								s an autopsy formed?	24b. Ware autopsy findings eveileble prior to completion of cause of deeth?		
R	0 - 0	Com							1)	Yes 2□No	1 Yes 2□ No		
/ita	ician: Th certificate rector, pa	Be	25. Was case referred to medical exeminar?						Deeth (Check only	one)			
of Vital	Physician: this certific ral director,	T0	Whee 5 140	Hospital: 1 ☐ Inpatient 28e. Dete of Injury		NOutpatient 8b. Tima of		4 LI NUISI	ng Home 5 Res				
	After fune	Certification:	27. Menner of Deeth  1 □ Natural 5 □ Pending  2 ■ Accident invastigation	yet k? Yes 2□No	10	how injury occur	STRUCK VAN						
Division	i or Attend after death Director: /	ertific	3 ☐ Suicide 4 ☐ Homicida  6 ☐ Could not be determined  28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Spacify)							28f. Location (Street end Number or Rural Route Number, City or Town, State)  Rt. 757, NZWB324.			
	To the Hospital or Attent within 24 hours after deatl To the Funeral Director: completely filled in by the	edical C	29a. Certifiar (Check only one)	reician: To the best of iner: On the basis of e	xaminetion	edge death	occurred at the time	na, data and p pinion, daath	place, end due to the occurred et the time	e cause(s) and me			
	To the within 2 To the comple	Me	29b. Signeture end the of certifier				29c. Licens				d (Month, Dey, Year)		
			· na	- Xn	_		0.0	C.M.E		FEB.	13, 1996		
			30. Name and aggress of person where	mplated cause of das	eth (Item 2	3e) (Type, P	rint)				_		

State Registrar

31. Dete filed (Month, Day, Year) FEB 2 0 1996

111 Penn Street, Baltimore, Maryland 21201

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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found related to the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be netitied at once.

1	*	FOR STATE REGISTR	AR
,	1. D	ECEDENT'S	NA

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF			T	3. TIME OF DEATH	
		STER, JR.					February 17, 1996				6:16 P. m				
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER		IF UNDER		7. DATE OF E	HTRU		8. BIRTH	PLACE (State or Foreign	
	217-42-5249	52	YRS.	MONTHS DAYS HOURS MIN. Jan. 28, 1944						944	Maryland				
~	9a. FACILITY NAME (If not in			1				OR LOCATIO					NTY OF D		
5	McCready Me		HOSPITA	II.		Crisfield, MD Somerset						<u> </u>			
E I	10a. STATE 10b. COUNTY					Y, TOWN O	OR LOCA	TION			_			10d. INSIDE CITY	
F	Maryland		Somerset	;		Cr	isfi	le1d						LIMITS?	
FUNERAL DIRECTOR	100. STREET AND NUMBER 26917 Clift		ter Poad	1			10	. ZIP CODE	1817			WHAT COUNTRY?			
N I	11. MARITAL STATUS	JOH FILS		IT EVER IN U.S. ARI	MED	140	WAS DEC								
E	1 🔀 Never Married 2 🗌			X YES 2 N			If yes, sp	ecify Cuba	n, Maxicar	IC ORIGIN? (S <sub>I</sub>		or No —	Black, White, etc.		
Э ВУ	3 Wildowed 4 Divo		7/25/62	7/22/6	66		1   YES	2 <u>₩</u> NO	Specify				Specif	White	
H.	15. DEC (Specify onl	EDENT'S EDUCA y highest grade o	ATION completed)	(Gr	CEDENT'S	vork done	CCUPATIO	ON ist of workin	g	16b. KIN	D OF BUS	INESS/INC	DUSTRY		
PLE	Elementary/Secondary (to 12 Years	0-12)	College (1-4 or 5	+)	tori.		'd:+c			l N	[OTTG20	2208			
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)		Edi	COLI	al r	aru	_	IFR'S NAI	ME (First, Middle	lewsp				
BE C	Clifton S.	Mister								Moore		Surrieme			
TO B	Barbara A.		h (Siete	19b	MAILING	ADDRESS	S (Street i	and Number	or Rural R	field,	ity or Town	1, State, Zip 218			
	20a. METHOD OF DISPOSIT		11 (51500	20b. PLACEA					CLIS						
	1 XBurial 2 Crematic	n 3 🗆 Remo	val from Stata	cemetery, crer	natory or of	her plece)			/19/	DATE 96			Id, N		
Í	21. SIGNATURE OF EUNERA	1)	22. NAME AND ADDRESS OF FACILITY												
	Robert H. Bradshaw, Jr. Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817								1817						
	23. PART I. Enter the d	iseases, Dr CD	mplications the		th. Do n									Approximate	
ļ	IMMEDIATE CAUSE (Fir		et billy one cat	ise Dii aacii iina.										intarval Between Onaat and Daath	
	disease or condition	<b>→</b> .		e Myocar			arct	cion						Minutes	
Ì			DUE TO	(OR AS A CONSEC	UENCE OF	7):									
NO N	Sequantially list conditi		DUE TO	(OR AS A CONSEO	UENCE OF	n:									
\$	if any, leading to imme- cause. Enter UNDERLY	ING				,-								İ	
Ĕ	CAUSE (Disease or injuthat initiated events		DUE TO	(OR AS A CONSEO	UENCE OF	):									
CERTIFICATION	resulting in death) LAS	d.													
	PART il. Other significa	nt conditions	contributing to	death but not re	sulting i	n tha un	darlying	g cause g	ivan in I	Part I. 24a	. WAS AN		24b.	WERE AUTOPSY FINDINGS	
MEDICAL										10	PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC										_   ' '	_ 123 2	E \$ 110		OF DEATH?	
	DID TOBACCO U	SE CONTR	IBUTE TO CA	USE OF DEAT	TH YE	S 🗆 I	NO [	UNC	ERTAIN						
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	_	HOSPITAL:	28. PLACI	OF DEAT	H (Check									
ΙΧ	1.X YES 2 □ NO		1 Inpatient 2	ER/Outpatient 3		4 🗌 Nun		e 5 🗆 Res	sidenca (	6 Other (Spe	ecify)				
		Pending	28a. DATE OF (Month, D	INJURY ay, Year)	28b, TIME	JRY M		URY AT RK? (ES 2	NO	28d. DESCRIE	BE HOW IN	JURY OC	CURED		
D B√	3 Cudalda —	Could not be	28e. PLACE O	F INJURY — At hor atc. (Specify)	ne, farm, s	treet, fact				281. LOCATION		nd Number	or Rural R	oute Number,	
ETED	4 Homicide	determined	Journal of the state of the sta	ates (Specify)						City or Tox	wn, State)				
COMPLET				my knowladge, das											
8			On the basis of a	ramination and/or in	rveatigation	n, in my o	pinion, d	eath occurr	ed at the t	lime, data and	placa, and	dua to th	a Cause(a)	and manner as stated.	
B	296. SIGNATURE AND TITLE	OF CERTIFIER	17	Helle-		n	11	29c. LICE						(Month, Day, Year)	
၉	38 NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH ATTA	27 /34	Print1	U		1021	.4			reb.	19, 1996	
	James A. S	terlino	M.D	- 320 W.			- C:	risfi	eld,	MD 2	21817				
	31. DATE FILED (Month, Day,	Year) LI.	32, REGISTE	R'S IGNATURE											
	FEB2 0 1996	James	O TOWNSON - NO												

Maria and Maria appropriately

# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 73 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEUTRINO SALES AND STATE AND AND STATE AND AND STATE AND AND STATE AND AND AND AND AND AND AND AND AND AND		REGISTRAR		CERTIF	FICATE OF	DEATH	REG	NO.		
DOUBLE SCHIPT MARKER   S. SEE   R. AGE DE IN TAKE   T. AGE DE CONTENT   T. AGE DE CONT		1. DECEDENT'S NAME (First, Middle, Last)						TN		3. TIME OF DEATH
DOUBLE SCHIPT MARKER   S. SEE   R. AGE DE IN TAKE   T. AGE DE CONTENT   T. AGE DE CONT		SIDNEY	FRANCIS	MILLE	3			18 19	96 P	0624 "
219-14-3345		4. SOCIAL SECURITY NUMBER	5. SEX 8. A			IF UNDER 24 HRS.	7. DATE OF BIRT	N.	8. BIRTH	PLACE (State or Foreign
NO STATE OF SALES PROVIDED TO CAUSE OF DESCRIPTION OF SALES PROVIDED TO CAUSE OF SALES PROVIDED TO CAU		219-14-3145	12 M 2 🗆 F	72 YRS.	MONTHS DAYS	HOURS MIN.				,,
100 STREET AND NOMBERS 1  100 STREET AND NOM		9a. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF D		9c. COUP	MAT OF DE	VIADO
100 STREET AND NOMBERS 1  100 STREET AND NOM	TOR	PENINSULA REGIONA	AL MEDICAL	CENTER	SALI	SBURY		WI	COMI	CO
100 STREET AND NOMBERS 1  100 STREET AND NOM	<u> </u>		Y	10c, CI	TY, TOWN OR LOCA	TION				10d. INSIDE CITY
100 STREET AND NOMBERS 1  100 STREET AND NOM	늄	MARYLAND SOME	FRSET	Р	DINCECC	ANIAIE				
BOUNDARY SECONDA								10a. CITE	ZEN OF W	71
BOUNDARY SECONDA	NER/		VENUE			21853				
S. DECEDENT'S EQUALATION    College (14 or 2 + )   12		1 Never Married 2 Married	FORCES? 1 TY	ES 2 NO	If yes, s	pecify Cuben, Mexic	an, Puerto Rican, etc	ly Yes or No-	Black	y:
NOTION STATES AND STAT		15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	S USUAL OCCUPAT	ION	16b. KIND O	F BUSINESS/IND	USTRY	MUTIC
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190. MAILING ADDRESS (Street and Number of Rural Four Number City or Town, Stein, Zip Code)  ARDEN STATION ROAD, PRINCESS ANNE, MD, 21853  200. PLACE AND DATE COT DESPOSITION (Name of a local formation) 3   Removed from Stein 4   Dented 2   Committion 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 5   Other (Section) 2   Dented 6   Dented 6   Dented 6   Dented 6   Dented 6   Dented 7   Dented 6   Dented 7   Dented 6   Dented 7   Dented 6   Dented 7   De		KING B. MILLER								
S. KEITH MILLER  ARDEN STATION ROAD, PRINCESS ANNE, MD, 21853  200. METHOD OF PROPOSITION 1	0			19b. MAILIN	G ADDRESS (Street				Corfe	
Approximate   Approximate	2	S. KEITH MILLE	R							4050
Consider   Continement   Con		20a. METHOD OF DISPOSITION								
22. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL HOME  12. NAME AND ADDRESS ANCE. MD. 21853  Approximate interval Between Onset and Death O			oval from State	cemetery, crematory or	other place!					
NODE   11673 SOMERSET AVE.   PRINCESS ANE.   M.   21853	- 1		ENSEE	SALTSBURY			15/Ta [2]	ALTSBUR	Y . M	ARYLAND
23 PART II. Enter the dischases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.    Approximate interval Between Onset and Death   Approximate interval Between Onset and Death		· touch	Suna M	00205				-00 84845	1.50	0.40=0
Sequentially list conditions, if any, leading to immediate cause, Entry UNDERLYING CAUSE (Pleases or Injury that initiated events resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):   Sum Churi Ossiquence OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (O		23. PART I. Enter the diseases, or o			not enter the m	ode of dylan suc	the cardiac or a	SS ANNE.	MD.	
DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS		snock, or neart fellure.	List only one ceuse o	n eech line.		,,,,	m - a vardiag or i	capitaloty arre	part,	Interval Between
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CAUSE (Disease or Injury that inflated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):	õ	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):								
PART II. Other algrificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   1   YES 2   MO   1   YES 2   YES 2   YES 2   YES 2   YES 2   YES 2   YES 3	¥	cause. Enter UNDERLYING								
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PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part 1.    24a. WAS AN AUTOPSY PERFORMACT   24b. WERE AUTOPSY PERFORMACT   1   YES 2   MO	E	resulting in death) LAST	d							
AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH YES NO UNCERTAIN  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  EXAMINER OF DEATH  27. MANNER OF DEATH  28. PLACE OF INJURY  M 1 Nestural 5 Pending  Investigation  3 Suicide  4 Nomicide  28. PLACE OF INJURY — At home, 1arm, street, tactory, office  28. PLACE OF INJURY — At home, 1arm, street, tactory, office  28. LOCATION (Street end Number or Rural Route Number, Only one)  29a. CERTIFIER  (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dey, Vear)		PART II Other significant condition	a apartification to do at							
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neural 5 Pending Newstigetion  28. PLACE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  3 Suicide  4 Nomicide  28. PLACE OF INJURY  28. DATE OF INJURY  At home, 1arm, street, factory, office  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  At home, 1arm, street, factory, office  28. LOCATION (Street and Number or Rural Route Number, City or Town, State)  292. CERTIFIER  (Check only  293. CERTIFIER  (Check only  294. DATE SIONED (Month, Day, Year)  295. SIGNATURE AND STITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIONED (Month, Day, Year)	8			n but not resulting	in the underlying	g cauae given in			. 0	AVAILABLE PRIOR TO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1		SOR	pormonale				1 🗆 Y	ES 2 10		
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1										1 TYES 2 7 NO
Cold not be determined   Security   Cold not be determined   Security   Cold not be determined   Security   Cold not be determined   Security	ž		RIBUTE TO CAUSE	OF DEATH Y	ES NO [	UNCERTAI	N 🗆			
Cold not be determined   Security   Cold not be determined   Security   Cold not be determined   Security   Cold not be determined   Security	ਤੇ		HOSBITAL:	26. PLACE OF DEA						
Cold not be determined   Security   Cold not be determined   Security   Cold not be determined   Security   Cold not be determined   Security	YSI			Outpatient 3 DOA		ne 5 🗆 Residence	6 Other (Specify,	)		
Cold not be determined   Security   Cold not be determined   Security   Cold not be determined   Security   Cold not be determined   Security	표		28a. DATE OF INJUI (Month, Day, Yes				28d. DESCRIBE N	OW INJURY OCC	URED	
3 Suicide 4 Nomicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and menner as stated.  29b. SIGNATURE AND/ITTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)										
296. SIGNATURE AND/FITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIONED (Month, Day, Year)		Could not be	28a. PLACE OF INJI building, atc. (5	JRY — At home, 1erm, Specify)	street, factory, offic	:•	28t. LOCATION (St City or Town,	treet end Number ( State)	or Aurel Ac	oute Number,
296. SIGNATURE AND/FITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIONED (Month, Day, Your)	<u>_</u>	29a CERTIFIER								
296. SIGNATURE AND/FITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIONED (Month, Day, Your)	M M	(Check only								
296. SIGNATURE AND/FITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIONED (Month, Day, Your)	8	2 MEDICAL EXAMINE	A: On the basis of examina	ntion and/or investigati	on, in my opinion,	seath occured at the	time, data end plac	e, and due to the	ceuse(a)	and menner as stated.
30. NAME AND SODRESS OF PERSON WHO COMPRETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  TAMES 4. CLIFFORD MD 106 PINE BLUFF RIL SULLIZ SALISBURY MD 21804  31. DATE FILED (Month, Day, Year) July 22. SECIET METALLIZATURE  FEB 2 0 1996	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)									(Month, Day, Year)
30. NAME AND SODRESS OF PERSON WHO COMPRESED CAUSE OF DEATH (ITEM 27) (Typo, Print)  TAMES L. CLIFFORD MD 106 PINE BLUFF Rd Suite 12 Salis BURY MD 2180)  31. DATE FILED (Month, Day, Year) July 20 32 SECIET MEDICATURE  FEB 2 0 1996 July 20 32 SECIET MEDICATURE	0	Jame L.	Cofford	MO		1019	169	•	2-1	8-96
31. DATE FILED (MONTH, Day, Year) July Day Day Day Day Day Day Day Day Day Da	-	30. NAME AND ADDRESS OF PERSON WHO	COMPRETED CAUSE OF	DEATN (ITEM 27) (Type	o, Print)	1 1	10			
FEB2 0 1996 July 20 132 DECISTION AND ACTIVE		Clames h.	CLIFFORD ,	MD 100	b Pine L	DLOFFKL	Surte 12	S441818	vey	Mo 21801
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	Mental	Hygiene	96	0	5	9		J

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	Physic /Medi		Decedent's Nama (First, Middle, Last  JOAN GERA		oss			2. Data of Deeth Month FEB .	Day	Year	Time of Death	
	Exami		4a. Facility Name (If not institution, give 12109 CAMPAS PI	LACE			PRINCE	ESS ANNE		MERSET		
	Funeral Director		5. Social Security Number 6. Se 213-42-0926 1D Usual Residence of Decedant	7. Aga (in yrs.	52 Yrs.	Months Deys			Year) 1943	9. Birthplace ( Country) MD	State or Foreign	
ore, Maryland 21215-0020	jes 1 and 2 should be filed within 72 hours effer deeth with the Menyland of Heelth and Mental Hygiene. If them 27 is marked other than "nature!", or items 23s or 28s-f show or other treumstic svent, the Medical Evanine, must be nothing at	To Be Completed by Funeral Director	10e. State         10b. County           MD         Somers           10e. Street and Number         12109           Campus	Place  12. Wes Decedant Evar In U Armed Forces?  1  Yes 2X No If Yes, Give Yaar or Datas:  (cation e completed)  College (1-4or 5+) 4  Appe, Print) Ster	16a. Dace (Give) Iffe.	Was Decedent of If Yas, specify Cult Days 2 No Adam's Usual Occurrence of March 4 one DO NOT use retin Laborer	Hispanic Origin? Dan, Mexican, Pue Specify: Ipation during most of wad)  18. Mother's N Marg It end Number or it age PL	(Specify Yes or No- arto Rican, etc.)  Forking  The eme (First, Middle, Maretta J  Rural Route Number,  Princess	Specify 6b. Kind of Bu  Cord: feiden Sumer  Ones City or Town, Anne	What Country?  a - Amarican Incock, White, etc.  Blac usiness/Industry  anator  Steta, Zip Code	k ) 1853	
	Department of hoperment of hoperment of important: If its any injury or of once.		4 Donetton 5 Other (Specify) 21. Signature of Prineral Service Licens 23e. Part1. Entar the disease, or compishock, or heert feilure. List only of Immediate Cause (Final disease or condition	ee St	3	10639 Ha	ess of Facility mpden	2-22-96 Anthony Ave. Pri	E. Was	Anne,	eral Ho	
Box 68760,	deeth certificate be executed the ettending physician and ad for use as the buriel-transit	Physician/Medical Examiner	Sequentially list conditions, if ery, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Last	Due to (	or as a conse	quenca of):						
Records, P.O. B	aw requires that the is been signed by the 2 should be detach	Completed by Physica	Pert li. Other significant conditions con	ntributing to death but not res	sulting in the u	underlying cause g	iven in Pert I.		s 2□ No	3 Probably  24b. Were au eveilable	ion of cause	
Division of Vital F	tending Physician: Theath.  tor: After this certificate the funeral director, pa	Certification: To Be Cor	25. Wes case referred to medical axaminar?  Yas 2 No  Hospitel: 1 inpatiant 2 ER/Outpetient 3 DOA  Other: 4 Nursing Home 5 Residence 5 Other (Specify) IN									
	To the Hospital or At within 24 hours after To the Fureral Direct completely filled in by	Medical C	29e. Certifier (Check only one)  29b. Signetura and title of certifier  30. Name and address of person who co	alcian: To the best of my knot ner: On the basis of examins end menner stated.	owledge, deet ation end/or In	th occurred et the towestigetion, in my  29c. Licen  O • C	se number • M • E	curred at the time, de	use(s) and me te and pleca, a d. Deta signed	nner as stated. and due to tha c d (Month, Day, 1 ARY 15,	Year) 1996	

State Registrar

PEB 1 9 1996 Jahr Marshall

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	
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	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTA	L HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest)  Stanley	M. MAITH	tEWS			2. DATE		4 199	AR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-26-1357	10 M 2 □ F 83	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN,	MAR	OF BIFTIN h, Day, Year) CH 13	1912	Country) MARY			
OR	9a. FACILITY NAME (If not institution, give to PENINSULA REGIONA		TER		OR LOCATION OF D	EATH		9c. COUNTY WICO		1		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	γ		Y, TOWN OR LOCA	TION				100	I. INSIDE CITY LIMITS?		
RAL DI	MARYLAND SOME  100. STREET AND NUMBER	RSET	F	PRINCESS 1º	OF. ZIP CODE			10g. CITIZEN				
NER	30051 KRISTWOOD WAY  21853  1. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No.—) 14. RACE.—											
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAWNIT	2 NO	If yes, s	CENDENT OF NISPA pecify Cuben, Mexico S 2 Jan NO Specif	en, Puerto		or No.— 14.	Black, WI Specify:	nite, etc.		
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of ville. Do NOT us	vork done during m	ION lost of working	16b	. KIND OF BUS	SINESS/INDUST				
COMPL	7		PR	ESIDENT			LUMBER	COMPA	NY			
_	17. FATHER'S NAME (First, Middle, Last)	44 TTUE! 10			18. MOTNER'S NA							
8	CHARLES FOSTER M  190. INFORMANT'S NAME (Type/Print)	MATTHEWS	19b. MAJLING	ADDRESS (Street	and Number or Rural		NEMAKE		de)			
5	PAULINE PENNY MAT	THEWS			OOD WAY,					1853		
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Rem  4 Donation 6 Other (Specify)	noval from State ceme	PLACE AND DATE OF SEECHWOO	ther placal		2/1		CATION — CHY NCESS				
	21. SIGNATURE OF THE RAL SERVICE LI	CENSEE		22. NAME A	AN FUNERA	ACILITY L HO	ME			21853		
	shock, or heart failure. List only one cause on each line.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  Due to (or as a consequence of):  d. Africal fibrillation with repid venta response.											
AL C	PART ii. Other aignificant condition	na contributing to death bu	Part I.	24a. WAS AN PERFOR	AUTOPSY		O 10d. INSIDE CITY LIMITS?  1 YES 2 NO HAT COUNTRY?  — American Indian, White, etc.  WHITE  21853  INF. MD.  Approximate Interval Batween Onset and Death  2 L  7 L  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
: MEDIC	Diabetes 1						1 TYES 2		CO: OF	MPLETION OF CAUSE DEATH?		
SICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL		F DEATH YI			N $\square$						
Sici	EXAMINER?  1  YES 2 NO	HOSPITAL:		OTHER:	ma 5 🗆 Rasidence	6 🗆 Othe	er (Specify)					
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO			NJURY OCCUR	ED			
TED BY PH	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm,	atreet, fectory, offi	ica	261. LOC City	CATION (Street of Town, State)	and Number or i	Rural Route	Number,		
COMPLET	anal	SICIAN: To the best of my knowle							ouse(e) en	d manner ee stated.		
w	29b. SIGNATURE AND TITLE OF CERTIFIE		71		29c. LICENSE NU							
10 B	and the same	Kealle	2 art		10476	017		Fe	-6.	14, 1995		
	30. NAME AND ADDRESS OF PERSON WE	NO COMPLETED CAUSE OF DEA	262 3	Print)	eron Rit	2 5	alis	Leery.	No	1.21801		
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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30. HAME AND ADDRESS OF PERSON

CO DAY C.

31. DATE FILED (Month, Day, Year)

FFB 1 6 1996

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		FOR STATE REGISTRAR	STATE OF !					EALTH DEAT		MENTAL HYGIE				
	1	1. DECEDENT'S NAME (First, Middle, Last)							-	2. DATE OF DEATH	0.		1 TIME OF DEATH	
		Margaret	Marie		M	art				MONTH	DAY	YEAR		
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia:			R 1 YEAR				5			
	-1					MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign try)	
	į	212-40-1617	1 M 2 KF	53	YRS.					June 30 1	942	Mary	land	
	'	9a. FACILITY NAME (If not institution, give si	treet end number)								OUNTY OF E	DEATH		
8	5	Joseph Richey Ho	snice				Ra	ltimo	220					
1 8	DIRECTOR	RESIDENCE OF DECEDENT	BPICC				Da	TCIM	ore					
	١٤	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
1 2	5 1	Maryland				D-1+	imor							
		10e. STREET AND NUMBER				Dare		ZIP CODE	:		I 10= 0	TITEN OF		
ELINICO AL	è						101.	LIF CODE			log. C	ITIZEN OF	WHAI COUNTRY?	
1 4		828 North Eutaw								21201			nited States	
1 5	2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	MED	13	WAS DEC	ENDENT OF	F HISPAN	IIC ORIGIN? (Specify )	es or No-	14. RAC	E — American Indian,	
2		1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE Y					2 X NO						
	- 11	3   Widowed 4   Divorced											White	
6		15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL (	CCUPATIO	N .		16b. KIND OF B	USINESS/I	NDUSTRY		
5	i	Elementary/Secondary (0-12)	College (1-4 or 5	(G	. Do NOT u	work done se <b>retired</b> .)	during mos	st of working	g					
ā		12		OV	mer/	oper	ator			C	raft	stor	e/retail	
OCONTO ET		17. FATHER'S NAME (First, Middle, Lest)												
		The France (First, Middle, Lesty			18. MOTH	IER'S NAI	ME (First, Middle, Meide	n Sumeme,	BERTHPLACE (State or Foreign Country) Maryland    10d. INSIDE CITY LIMITS?   1 MYES 2 NO   NO   NO   NO   NO   NO   NO   NO					
a d	4	Francis A. Marti	n	Ida Katherine Rees							se			
	- 10	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)									
F	-	Francis A. Marti	n	25	27 C	orns	talk	Dr.	, Fi	nksburg,	MD 2	1048		
5		20e. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Name of O.2./1.7./OME 20c LOCATION Characteristics)												
2		1 N Burial 2 Cremetion 3 Remo	oval from State	cemetery cre	matory or o	ther place	Come	teru	JZ/ I	.,				
5		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- 01	Cati							•		
		an order of Forenze Service Ele	ENSEE	Pritts Funeral Home & Ch						hapel				
8	9	Katherine 4	D. 144. A.	at			41	2 Was	shin	gton Rd.,	Wes	tmins	ter, MD	
	7				oth Do			6 -4 4 5						
	Ш	ahock, or heart failure.	List only one cau	ise on each line	etti. Do i	iot ente	r the mot							
		IMMEDIATE CAUSE (Finel	-	>	/									
		disease or condition resulting in death)	. 14	Spiral	10V4	X	MEST minst						men stor	
	- 11		DUE TO	108 AS A CONSE	OUENCE O	UENCE OF:							in in cases.	
٠,	.	_	Malicuan Mellautena 20.								7 040			
EBTIEICATION	2	Sequentially list conditions,	DUE TO	(OR AS A CONSE	QUENCE OFI:							771		
1		If any, leeding to immediate cause. Enter UNDERLYING		Mode	Na	-	- Ruain 2						7	
1 6	2	CAUSE (Disease or Injury	DUE TO	(OR AS A CONSE	S C	5/5	1-010	4/11					1445.	
		that initieted events resulting in death) LAST	00210				1						7	
			s. Il	ercin	9 Cua	- 4	-11	us					syrs	
	- 11	PART II. Other aignificant condition	a contributing to	death but not a	ogultion.	la tha u	and and other an		tion to 1	Both I are supply				
MEDICAL		The state of the s	e contributing to	death but not i	eeuitiiig	in the u	naenying	ceuse g	iven in		N AUTOPS'	Y 24b	AVAILABLE PRIOR TO	
1 2		-								1 _ YES	2 AND			
Ų													The state of the s	
		DID TOBACCO USE CONTR	PIRLITE TO CA	LISE OF DEA	TH YE	SП	ИО П	UNC	ERTAIN					
PHYSICIAN		25. WAS CASE REFERRED TO MEDICAL			E OF DEAT			OITC	FIX IVAII					
3		EXAMINER?	HOSPITAL:			OTHE					1/	- 1		
\ X	2	1   YES 2   10	1 Inpatient 2	ER/Outpatient 3	□ DOA			5 🗆 Res	sidence	8 D Other (Specify)	4/6	7/10	· C.	
티		27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJU	JRY AT		28d. DEŞCRIBE HOW	INJURY O	COUNED		
Α	- 1	1 Natural 5 Pending 2 Accident Investigation	This is a second of	,,		M		ES 2	NO			V		
		2 Pulate	28e. PLACE O	F INJURY - At ho	me, farm, a	street, fac	tory, office			28f. LOCATION (Street	end Numh	er or Rumi F	South Number	
ETED		4 Homicide 8 Could not be determined	building,	atc. (Specify)						City or Town, State	)			
l li		204 CERTIFIER				_					-			
1		(Check only												
COMPL		one) 2 MEDICAL EXAMINE											) and manner ee stated.	
	- 11	296. SIGNATURE AND TITLE OF CERTIFIES	()					29c. LICE						
R		(dolood Was)	21111	MA				ZWG. LICE!	O C	786			(Month, Day, Ybar)	
0	J.	Trices of	one	000				DU	18	100		2-15	96.	
	111	TO MAKE AND ADDRESS OF HERITAL BOAR	COMPLETED CAUS	OF OF STATE OFF	M OTH CT	62-1-43								

I VWID UND RX N. Etitaw St. Psalto.

Truid MD
32. REGISTRAT'S SIGNATURE
Valia d'Audison Ravall

**CMK** 

#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, PER MEO FILM G-733 3/11/96 t.t

1. Decedent'a Name (First, Middle, Last)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

05918

Phys	ician
/Me	dical

DAVID MATTHEW

MARTIN

2. Dete of Death Month 3. Time of Death Dey FEBRUARY

29d. Data signed (Month, Day, Year)

FEBRUARY 20, 1996

19,1996 2102PM

Examin

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Pyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examination must be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the build-fransit Division of Vital Records, P.O. Box 68760,

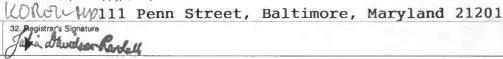
er	4a. Fecility Nama (											ocation of Dea		c. County			1.5		
	CARROLL		-		1					WESTM		TER		CARR	OLL	CO	UNTY		
	5. Sociel Security is 220–90		6. S	ax XIM 2□ F	7. Aga (In	yrs. last bir	thdey)_ Yrs.	If Under Months	1 Yaar Deys	If Under Hours	Min.	8. Dete of Bi (Month, D	ay, Yea	r) 1977	9. Birti Co				
	Usuel Residence of																		
10	MD	10b. Count	•	roll	100	:. City, Tow We		<sub>ation</sub> inste	er										
Direc	10e. Street end Nu 34 B W		ge i	Street				10f. Zip		1157				Citizen of V					
Be Completed by Funeral Director	11, Marital Stetus 1 🖾 Navar Mari			12. Wes Dec Armed F 1  Yas If Yes, G Yaer or I	orces? 2⊠ No ive	In U,S.	lf '	as Deced Yes, spec	cify Cub	dispenic Or en, Mexical Specify:	n, Puerto	pecify Yas or No Rican, etc.)	0-		k, White	a, etc.			
e de	(Spe	15. Deceda		ucation de completad	)	16a.	Decede	ent's Usua	el Occup	ation	t of work	kina	16b.	Kind of Bu	usiness/	Birthplaca (Steta or Foreign Country)  Maryland  10d. Inside City Limits 1 2 Yes 2 No  1 Country?  tates  Umerican Indien, White  ess/Industry  Per  10d. Inside City Limits 1 2 Yes 2 No  1 Country?  tates  Umerican Indien, White  1 Stern MD  21157  1 Or Town, State  Stern MD  MD 21157  1 Oneet and Death  MD 21157  1 Oneet and Death  1 Unknown  1 White  1 Unknown  1 Yas 2 No			
idwo:	Elementery/Seco				(1-4or 5+)			rier	se retire	during mos d)	. 0, 11011		r	newsp	aper				
To Be	17. Fether's Neme Gorman									1	r's Nam			, Meiden Sumema)					
	19a. informent's N John F:		ship (7	ype, Print)		19b	Mailing	Address B W.	(Street	end Numb	eror Ru	ral Routa Numi Westmin	ber, City	ty or Town, State, Zip Code) er, MD 21157					
	20a. Method of Dis 1 Burial 2 4 Donetlon	☐ Cremation					ry, creme	etory or o	thar pla	œ) emete		3 <b>/9</b> 6							
	21. Signeture of Fu	ınaral Servica	Licens	500			22.			ess of Fecili	•	Iome & (	Oh a -	1					
	Immediate Cause (Finei disease or condition rasulting In deeth)  DIABETIC KETOACIDOSIS  e.  Due to (or es e consequence of):																		
Sequentially list conditions, if any, leeding to immadiate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest  Due to (or as a consequenca of):  Due to (or es e consequence of):  d.  Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in P											•								
/Medica	that initiated events resulting in deeth)	3	J	d	Due t	o (or es e c	conseque	ence of):											
Clair																			
y rmysi	Part II. Other signif	icant conditi	ions co	ntributing to d	leath but not	resulting Ir	the und	darlying c	ause gh	ven in Perti				2 No			-		
Completed by												24e. Was	s an autormed?	topsy	8	vallable completion	prior to in of causa		
5												18	Yas	2□ No	1	☐ Yas	2□ No		
3	25. Wes case refer examinar?	red to medica	-	11					l au		of Deel	th (Check only	one)						
2	1⊠XYes 2□	No		Hospitel: 1 🗆	inpatiant :	2 XER/Ou	tpatient	3 DC	A Oth	er: 4 🗆 Nu	ırsing Ho	ome 5 Res	idenca	6 □ Oth	er (Spec	city)			
	27. Manner of Deet 1 Neturel 2 Accident	5 Pandl	ing tigetion	28e. Dete (Mon	of Injury oth, Dey Yea	28b. T	Tima of njury	M 2	8c. Injui Wo 1 🗆	yal rk? Yes 2□	No	28d. Dascribe	how in	jury occurr	ed				
an in in	3 ☐ Sulcide 4 ☐ Homicide	6 ☐ Could detarr		28e. Pleca	a of Injury - A ing, etc. (Sp	At home, fe	rm, stree	et, fectory	, offica			28f. Location City or To	(Street own, Ste	and Numb	er or Ru	ral Route	Number,		
Medical Certification:	29a. Certifiar (Check only one)	1☐ Certifyi 2⊠ Medical	ng Phy i Exam	nar: On the b	best of my esis of exam	knowledge nination and	, deeth o	occurred stigation,	et the tir	ne, deta an plnion, dae	d plece,	end due to the red at tha tima,	cause dete a	(s) end ma nd place, o	nner as end due	stated. to the ca	use(s)		
٤	29b. Signature and	title of cartific	ac	٨				290	. Licens	e number			29d. F	ata signed	1 (Month	Day Y	ear)		

29c. License number

O.C.M.E.

State Registrar 31. Dete filed (Month Day, Year) FEB 2 2 1996

29b. Signature and title of cartifies



So the Richard Color of Matter address of particle of Matter Annual Res

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

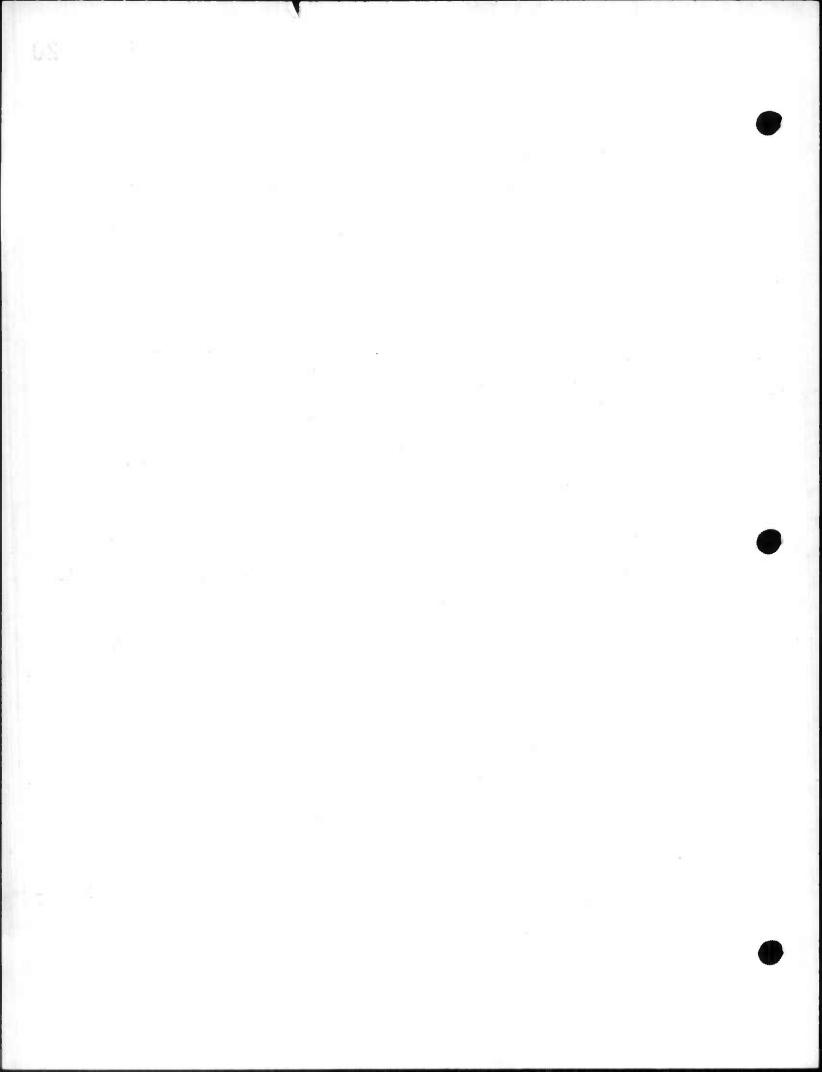
						Certific	ate of	Death		Reg. No.				
			1. Decedant's Nama (First, Middla, La	st)	° io		- 1	1-10	2. Data of De Month	ath	Vana	3. Tima of Death		
	Physic /Medi		EMILY. N	larquet	-17e	,	Mil	IEK	a month	Day	Yaar 96	0302		
3	Exami		4a. Facility Nama (If not Institution, give						Location of Deat	dc. County				
	_ =		Carroll County (	General Hosp	ital			Westmin		C	arrol	11		
	Funeral Director		212-20-3201	Day alle	yrs. last birti 84	hday) If Ur Mont	ndar 1 Yaar ha Days			th ly, Year) , 1911	Coun	place (Steta or Foreign ntry) / land		
	and **		Usual Rasidence of Decedani  10a. Stata 10b. County	10	c. City, Town	or Location					1	10d. Insida City Limits		
	Mary 4 ehc	Po	Maryland Baltimor	e		Hamps	stead				1 ☐ Yas 2 ◯ No			
	death with the Maryland ms 23s or 28s-f show	I Direc	10e. Street and Number         10f. Zip Coda         10g. Citizan of V           4810 Mt. Carmel Road         21074         U								What Cour	ntry?		
21215-0020	or its	by Funeral Director	11. Marifal Status  1 Nevar Married 2 Married  3 XWidowed 4 Divorced	12. Was Decedant Evar Armed Forcas? 1 ☐ Yas 2 ☐ XNo If Yas, Giva Yaar or Datas:	In U,S.		ecedent of specify Cut s 2 🔀 No	Hispanic Orlgin? ( pan, Maxican, Pua Spacify:	Specify Yas or No rto Rican, atc.)	14. Rec Blac Specify	ck, Whita,	can Indian, aic. White		
5-0	72 hours natural',	ted	15. Decedent's Ed (Specify only highast gra	ducation	16a.	Decedent's L	Jsual Occu	pation during most of wo	orkina	16b. Kind of B	usinass/în	dustry		
2		Completed	Elementery/Secondary (0-12)	Collega (1-4or 5+)				ed)	nking	Thorn	11.	and.		
	Hygien Hygien other th	Co		1		rea	acher			Theat		ork		
P	tal H doth	Be	17. Faihar'a Nama (First, Middla, Last						ma (First, Middla		1a)			
Z	2 should be filed end Mental Hygi ie marked other eumatic event, to	To	Charles J. Bolgia						Robinsor		Internation			
, Maryland	and 2 st saith end n 27 ie n		19a. fnformant's Name/Ralationship ( Emily Sue Abbott	Type, Print)		_		nel Road,						
Baltimore,	permit. Pages 1 and 2 should be filed withl Depertment of Health end Mental Hygiene. Important: If Item 27 is marked other than wit fujury or other treumatic event, the Mence.		20a. Mathod of Disposition  1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Ramovai from Stata	cematan	Disposition ( v, crematory 1 Park (	or othar pla		Data 2/21	20c. Location - Baltim				
Balt	Depertrice Depertrice Importa		21. Signatura of Fyharal Sarvice Licer	W. Elis	re			ass of Facility		uneral 1, MD 21				
	Physician		23a. Part1. Entar tha disaase, or com shock, or haart failure. List only	plications that causad the ona causa on each line.	death. Do n	1		•		*		Approximete Interval Batween Onset and Death		
	/Medical Examiner		Immediata Causa (Final disaesa or condition rasulting in death)	a. ARTUNIAL				TSny	Distr	tde		YOMS		
	P #5	Juner		b. HyP	to (or es e c	esonaupeeno 12 12	of):					VEMAS		
,00	certificate be executed nding physician and use es the bunel-transit	Examiner	Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or Injury	PEP	to (or as a c	onsequance	of):	RD	i SEVAS	iE	I I	YEARS		
68760,	ate b hysic the b	Medical	that initiated avanis rasulting in daath) Lasi			onsequance						10 1110		
	000			Crar	Dia	Puli	mmz	Y MAR	RTT	T		Hons.		
Box	death ce e attendi	lan		0.			(					7770.23.		
P.O.	es that the death or igned by the attend be detached for us	Physician/	Part ii. Other significant conditions of	1	1	tha undarlyin		iven in Part i.		tobacco use co Yes 2□No	ntribute to 3 ☐ Proi	o the cause of death?		
of Vital Records,	requir	leted by							24a. Was	an autopsy ormed?	av.	ara autopsy findings valiable prior to emplation of cause		
al Re	sicien: The law certificate has b sirector, page 2 s	Completed							10	Yas 2 No		dáath? □ Yes 22 No		
Vita	clen	Be	25. Was casa referred to medical axaminar?	Hospitel:			/		eath (Check only	one)				
of	this alo	70	1 Yas 2 No	1 ∐ inpatiant	2 ER/Out		DOA		Homa 5 Rasi			5/)		
ion	ath. r: After e fune	ation	1 Netural 5 Panding 2 Accidant invastigation	28a. Data of injury (Month, Day Yea	ar) 28b. Ti	jury M	28c. inju Wo	iryat ork? ]Yas 2 ☐ No	280. Dascribe	how Injury occur	red			
Division	To the Hospital or Attending Physicien: within 24 hours after death.  To the Funeral Director: After this certific completely filled in by the funeral director.	Certification:	3 Sulcida 6 Could not b datarmined	28a. Piaca of Injury - building, atc. (S	At homa, far pecify)	m, straat, fac	ctory, office		28f. Location ( City or To		er or Rura	al Routa Number,		
	e Hospi. n 24 hour e Funer:	edical	29a. Cartifiar (Check only one)	ysician: To the bast of my niner: On tha basis of axa and mannar statad.	knowledge, mination and	daath occuri /or invastigal	red at tha t ion, in my	ima, data and piac opinion, daath occ	e, and dua to tha urred at tha tima,	causa(s) and ma data and place,	annar es si end dua id	tated. o tha causa(s)		
	Withir To th	Me	29b. Signatura and fittle of certifia	0 -			29c. Lican	sa number	,	29d. Data signe	d (Month,	Day, Year)		
			DRI OH	KALS 1	Por		D	36841	0	21	18/	96		
			30. Nama and addrass of person who	completed aus of daath	(itam 23a) (1	Type, Print)		· ·		0-1	10	10		
			Carroll County	General Hosp	ital,	Memori	al Av	ve, Westm	inster,	MD 2115	7			
	Sta	ite	31. Data filed (Month, Day, Year)	32. Registrar's S		rdall.								

OF THE SECTION STREET OF THE SECTION 

	OF COMPLETED BY BUYOLOIM, MEDIOM, OFFICIOATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
to investor oriental, page 3 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for use	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director nade 5 should be detached for use
death. Page 6 may be retained by the hospital or al	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or at

E STRAR	STATE OF I	MARYLAND / DEPAR CERTIF	RTMENT OF I		MENTAL HYGIENE REG. NO.		
harles	Berkley	Morr	is S	r.	2. DATE OF DEATH DAY February 20,	YEAR 1996	3. TIME OF DEA
=14-6548	5. SEX 1 3 M 2 F	6. AGE (In yrs. lest birthdey) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept.5,1919	Country	PLACE (State or F

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	) / DEPARTI	MENT OF H	EALTH AND						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEATH	
	Charles Berk	kley	Morris	S	r.	Febru				2:40P M	
		SEX 6. AGE (in yrs.		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN		8. BIRTN	PLACE (State or Foreign	
		<u>I</u> M 2 □ F 76	YRS.	ONTHS DAYS	HOURS MIN.			19			
~	Sa. FACILITY NAME (If not institution, give street		9(	b. CITY, TOWN C	R LOCATION OF D	EATH	REG. NO.  OF DEATH DAY YEAR  UARY 20, 1996  OF BIRTN Day, Vear)  10. BIRTNPLACE Country)  10. S. BIRTNPLACE Country)  10. S. COUNTY OF DEATH Washingto  10. IT	ATH			
DIRECTOR	Western Maryland H	lospital		Нав	Hagerstown Washing						
EC	10a. STATE 10b. COUNTY		10c, CITY, T	OWN OR LOCAT	ION		10d, INSIDE CITY				
F	Maryland Washing	gton	На	agersto	wn		LIMITS?				
AL	10e, STREET AND NUMBER			101	ZIP CODE			10g. CITIZ	TIZEN OF WHAT COUNTRY?		
FUNERAL	914 Kuhn Avenue				21740			USA			
5	11. MARITAL STATUS 12.  1 Never Married 2 Married	. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes	G. NO.  EATH DAY YEAR  TY 20, 1996 2:40  BERTN Country)  S. BIRTNPLACE (State or Fore)  Country)  Maryland  9c. COUNTY OF DEATH  Washington  10d. INSIDE CITY LIMITS? 1% YES 2 NO  10g. CITIZEN OF WHAT COUNTRY?  USA  14. RACE — American Indian, Black, White, etc.  Specify: White  OF BUSINESS/INDUSTRY  Dal company  Maiden Surname)  Eenberger  Yor Town, State, Zip Code)  AMaryland 21713  20c. LOCATION — City or Town, State  Hagerstown, Maryland  Hagerstown, Maryland  Hagerstown, Md. 21744  Treapiratory arrest, Approximate Interval Betwonset and D  days  t months  ease years  MAS AN AUTOPSY YES 2 NO  Company  AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  Company  1 Now INJURY OCCURED  (Street and Number or Rural Route Number, State)  and menner as stated.  Isca, end due to the cause(e) and manner as state.			
ВУ	3 Midowed 4 Divorced	IF YES, GIVE WAR OR DATES	431		2 X NO Speci		11, 410.)		Specif	v:	
	15. DECEDENT'S EDUCATION	ON 18a.	DECEDENT'S US	UAL OCCUPATION	N .	165 1/16	O OE BUSI	NEGO /INDII		nite	
	(Specify only highest grade com Elementary/Secondary (0-12)	opieted)	(Give kind of work life. Do NOT use re	done during mo	st of working	100, 100	D 01 00311	IAE22/IIADO	SIMI		
됩	3	0	drive	r		c	oal o	compa	ny		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middl	le, Maiden Si	umame)			
BE	Charles Andrew Mor	ris			Myrt	tle Pof	fenbe	erger			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number, (	City or Town,	State, Zip (	Code)		
-	Jacquelyn Beall		20944 8	san Mar	Rd., Bo	onsbor	o, Ma	aryla	nd 2	21713	
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval	trom State cemetery.	CEAND DATE OF D	place)		DATE					
			lar Lawn				Hage	rsto	wn,M	aryland	
8											
	0000111	Hinned		415 E.	Wilson	Blvd.	, Hage	rsto	wn,	Md. 21740	
	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):									Approximata interval Between Onset and Death days	
CERTIFICATION											
A	If any, leading to immediate cause. Enter UNDERLYING  Severe Chronic Obstructive Pulmonary Disease										
Ē	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CON	SEOUENCE OF):								
E	resulting in death) LAST										
	PART ii. Other aignificant conditions co	ontributing to deeth but no	ot resulting in t	he underlying	ceuse given in	Part i. 24s	. WAS AN AI	LITOPSY	24h	WERE ALITOPSY FINDINGS	
2	Chronic Renal In				•		PERFORM	ED?		AVAILABLE PRIOR TO	
의	Urinary Tract In					'	J YES 24	NO			
2	DID TOBACCO USE CONTRIB		EATH YES		UNCERTAI	NΠ				T TES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	26. Pt	LACE OF DEATH								
SIC		OSPITAL: Inpatient 2 ER/Outpatient		THER:  Nursing Home	5 - Residence	8 Other (Sp	ecify)				
E	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O			28d. DESCRI	BE NOW INJ	JURY OCCU	RED		
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO						
<b>a</b>	3 Suicida 8 Could not be 4 Nomicide datarmined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, term, street	et, tectory, office		28f. LOCATIO City or To	N (Street and wn, State)	d Number o	r Rural R	oute Number,	
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowledge	death occurred	t the time date	and piece and di	to the same t	) and				
ME										and manner as steled	
	20h CIOONTURE AND TITLE OF OCCUPIED										
BE	Pho MAio O	han M.D			D2641			Second   1996   2 ° 40P M   20, 1996   2 ° 40P M   20, 1996   2 ° 40P M   20, 1999   Maryland   Maryland   Maryland   9e. COUNTRY   Follow   10g. CITIZEN OF WHAT COUNTRY?   12			
임	30. NAME AND ADDRESS OF PERSON WHO CO							1.60	Lual	, 20, 1990	
	Rose Marie Chan, M.D. Western Maryland Center 1500 Pennsylvania Avenue, Hagerstown, MD 21742										
	34 DATE FILED (Month Day, Year) 32. REGISTRAR'S SIGNATURE TED 2 1 1996										



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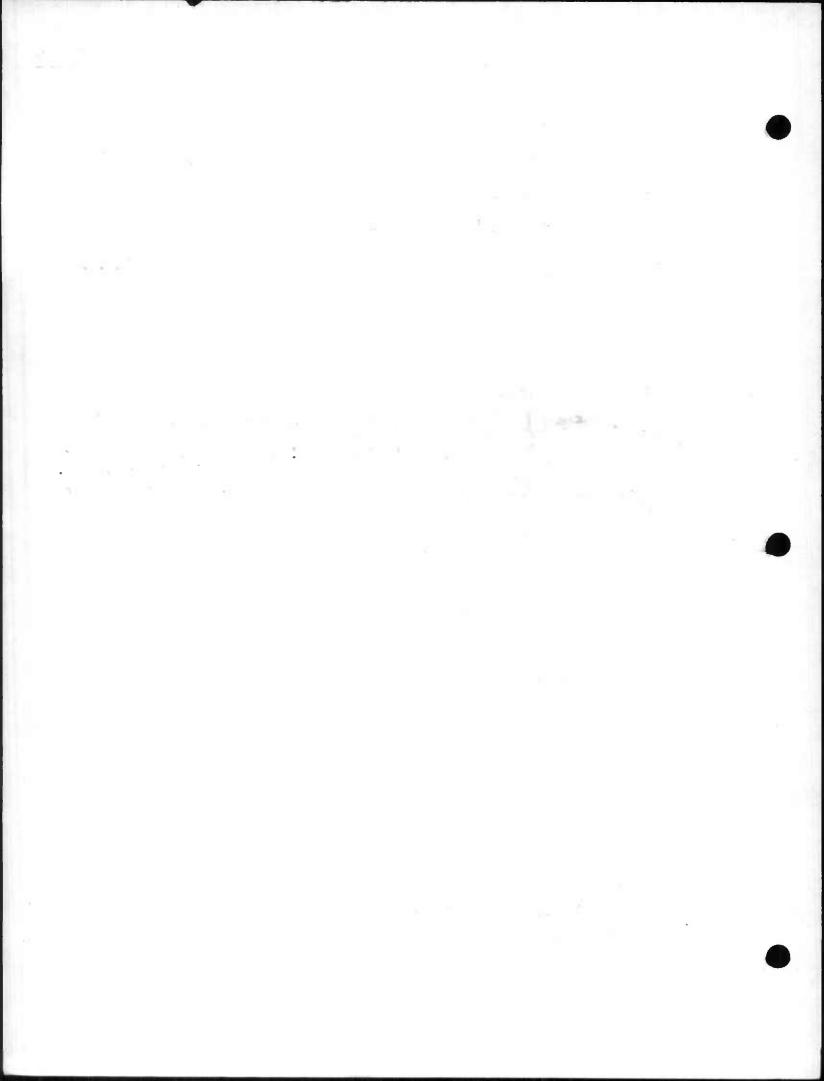
	FOR STATE REGISTRAR	STATE O	F MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.
1. DE	ECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH
R	ichard	Lewis		MANFO	ORD	February 1
4. \$0	OCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH

	1. DECEDENT'S HAME (First, Middle, Last)							2. DATE OF DE. MONTH	DAY	YEAR	3. TIME OF DEATH
	Richard	Lewis			MANF	ORD		Februar	cy 17,		10:30 p.m.M
	4. SOCIAL SECURITY NUMBER	5, SEX 6. A	GE (In yrs. last birt		ER 1 YEAR	IF UNDER		7. DATE OF BIR (Month, Day,	TH		PLACE (State or Foreign
	705-10-5370	1 🔀 M 2 🗆 F	90	PS. MONTHS	DAYS	HOURS	MIN.	June 6			yland
1	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CIT	TY, TOWN O	OR LOCATIO				UHTY OF D	
<u>۳</u>	Avalon Manor Home	o Ina		шоо	erst				1.7	1	
DIRECTOR	RESIDENCE OF DECEDENT	e, Inc.		mag	erst	OWII			Iwas	hingt	on
l iii	10s. STATE 10s. COUNT	Υ	10	c. CITY, TOWN	OR LOCAT	ПОН					10d. IHSIDE CITY LIMITS?
	Maryland Was	shington			Hage	ersto	wn				1 X YES 2 NO
AL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CI	TIZEH OF W	HAT COUHTRY?
FUNERAL	11 W. Baltimore S	Street				21740	)		U	.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE		13				IC ORIGIN? (Spec		14. RACE	- American Indian, White, etc.
BY F	1 Never Married 2 Married	FORCES? 1 Y				ecity Cubs		n, Puarto Rican, e	rtc.)	Specific	
	3 X Widowed 4 Divorced	<u> </u>								W	hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECED	ENT'S USUAL ind of work done NOT use retired.	OCCUPATIO	OH ast of workin	σ	16b, KIND	OF BUSINESS/IF	DUSTRY	
9	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do								
₽ P	6	0		Condu	ctor			Rat	ilroad		
Ö	17. FATHER'S HAME (First, Middle, Last)					18. MOTH	IER'S HAI	ME (First, Middle, I	Maiden Surname)		
BE	Richard D. Manfor	rd				Lac	ie (	Clark			
TO E	19a. IHFORMAHT'S HAME (Type/Print)		19b, M/	AILING ADDRE	SS (Street a	nd Number	or Rural F	Route Number, City	or Town, State, 2	ip Code)	===
F	James W. Manford	, Sr.	32	Ava1o	n Av	enue	Hag	gerstown	ı, Mary	land	21740
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram		20b. PLACE AND			ame of		DATE 2	0c. LOCATION -	- City or To	wn, Stata
	4 Donation 5 Other (Specify)		Rest Ha	even Ce	emete	ry 2	21	96	Hagers	own,	Maryland
	21. SIGNATURE OF FUHERAL SERVICE LIC	CEHSEE		22	2. HAME AP	ND ADDRES	S OF FAC	Min	nich Fu	neral	Home
	COUT	Mun	nich	′	415	E. Wi	.1sor	n Blvd.	Hagers	town,	Md. 21740
	23. PART i. Enter the diseasea, or	complications that cau	sed the death.	Do not ente	er the mo	de of dvi	na. suci	n es cardiac or	reaniretory a	rroat	Approximate
	shock, or heart fallure.	List only ona ceusa or	n each lina.						i dapitatory a		Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Achh	1210	Con	Jan	, , , ,	1	need	1.0		Onset and Death
	resulting in death)	a. Due to (OR	S A CONSEQUEN	ACE OFF	aury	170	115	nsau	ion		1 HR
_		a. ASPM DUETO (OR A b. Susty	a mate	+	o hi	1000	110	Car			1004
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR A	S A CONSEQUEN	CE OF):	100	wee		1			DAY
YA	cause. Enter UNDERLYING							/			
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR A	S A COHSEQUEN	ICE OF):							
토	resulting in death) LAST	d.									
	BARY II ON a stantilland and dist										
MEDICAL	PART II. Other significent condition				underlying	g ceuse g	lven in	Pert I. 24a. V	ERFORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	DIATS	LIES ME	-LLITO	77				10	YES 2 NO	ŀ	COMPLETION OF CAUSE OF DEATH?
2	D₹	MENI	10.					_			1   YES 2   HO
ÿ											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF D	EATH (Che	ock only one)			
	1 TES 2 NO	1 - Inpatient 2 - ER/C	Outpatient 3 🗆 D			e 5 🗆 Re	sidenca	6 Other (Speci	(fy)		
YSI				b. TIME OF	28c. IHJ WO	URY AT		28d. DESCRIBE	HOW IHJURY O	CCURED	
PHYSI	27. MAHNEN OF DEATH	(Month, Day, Yea	er)								
3Y PHYSICIAN			117)	. M	1 🗆 '	YES 2	НО				
D BY	27. MAHNSA OF DEATH  1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be		URY — A1 home,	M ferm, stree1, fe			НО	26f. LOCATION (	Street and Numb	er or Rural R	oute Number,
D BY	27. MAHNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	URY — A1 home,	M ferm, stree1, fe			НО	261. LOCATION ( City or Town	(Street and Numb , State)	er or Rural R	loute Number,
D BY	27. MAHNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	(Month, Day, Yea 26a, PLACE OF IHJI building, atc. (5	URY — A1 home,		ctory, offic	a		City or Town	State)	A 111.000	ioute Number,
D BY	27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  CERTIFYING PHYS	(Month, Day, Yea	URY — A1 home, Specify)	occurred at the	ottory, offic	and place,	and due	City or Town	, State) nd manner as at	ated.	
COMPLETED BY	27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  CERTIFYING PHYS	(Month, Day, Yes  26a. PLACE OF INUI building, atc. (3)  ICIAH: To the best of my kr  ER: On the bests of examin.	URY — A1 home, Specify)	occurred at the	ottory, offic	and place,	and due	City or Town to the cause(s) a time, data and pl	nd manner as at	ated. the cause(s)	and manner as stated.
BE COMPLETED BY	27. MAHNSK OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, Day, Yes  26a. PLACE OF INUI building, atc. (3)  ICIAH: To the best of my kr  ER: On the bests of examin.	URY — A1 home, Specify)	occurred at the	ottory, offic	and place,	and due	City or Town to the cause(s) a time, data and pl	nd manner as at	ated. the cause(s)	and manner as stated. (Month, Day, Year)
E COMPLETED BY	27. MAHNSK OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, Day, Yee  26a. PLACE OF IHAI building, atc. (3  ICIAH: To the best of my kr  ER: On the bests of examina	URY — A1 home, Specify)  nowledge, death of and/or investigation and/or investigation.	occurred at the	ottory, offic	and place, leath occur 29c. LICE D 4	and due ed at the HSE HUM	to the cause(s) a time, deta and pl	nd manner as et ace, and due to	ated. The cause(s) TE SIGNED	and manner as stated. (Month, Day, Year)
BE COMPLETED BY	27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  30. HAME AND ADDRESS OF PERSON WIN	(Month, Day, Yes  26a. PLACE OF INJ building, atc. (3  ICIAH: To the best of my kr ER: On the bests of examina	JRY — A1 home, Specify)  nowledge, death of attorn and/or investigation and/or investigation.	occurred at the stigation, in my	ottory, offic	and place, leath occur 29c. LICE D 4	and due ed at the HSE HUM	to the cause(s) a time, deta and pl	nd manner as et ace, and due to	ated. The cause(s) TE SIGNED	and manner as stated. (Month, Day, Year)
BE COMPLETED BY	27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGHATURE AHD TITLE OF CERTIFIER	(Month, Day, Yes  26a. PLACE OF INJ building, atc. (3  ICIAH: To the best of my kr ER: On the bests of examina	URY — A1 home, specify)  nowledge, death of and/or investigation and/or investigation.	occurred at the stigation, in my	ottory, offic	and place, leath occur 29c. LICE D 4	and due ed at the HSE HUM	City or Town to the cause(s) a time, data and pl	nd manner as et ace, and due to	ated. The cause(s) TE SIGNED	and manner as stated. (Month, Day, Year)

hed by the hospital or attending physician.	build be detached for use as the burial-transit permit. Pages 1, 2, 3 should	led at once.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing hours after death. Page 6 may be retained by the hospital or attending physician.	CTDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s after near with the Share Dent, or Health and Mental Hydiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this cent he filed within 72 hours after death with the	IMPORTANT: If Ite

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1 - STATE REGISTRAR		CERTI	FICATE O	F DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)	*				2. DATE OF DEATH		3. TIME OF DEAT	ТН
	ALAN Bro	ooke		MACKALL			14 19	A COLUMN TO THE PARTY OF THE PA	D M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthda			7. DATE OF BIRTH		BIRTHPLACE (State or Fo	
	577-05-0596	1 1 M 2 □ F 8	6 YRS	MONTHS DAYS	HOURS MIN.	March 8	.1909	Maryland	
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOW	OR LOCATION OF DE			Y OF DEATN	
TOR	Pineview Nursing &		enter	Clin				ce George's	5
DIRECTOR	10a. STATE 10b. COUNTY	ce George'	10c. (	Clinton	CATION			10d. INSIDE CITY LIMITS? 1 YES 2	
	10e, STREET AND NUMBER				10f, ZIP CODE		10a CITIZE	N OF WHAT COUNTRY?	NO
FUNERAL	12204 Piscataway	7 Road			20735		log. Girize	U.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED			NIC ORIGIN? (Specify Ye	a or No- 1	4. RACE — American Indi	en,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X IF YES, GIVE WAR WWII	OR DATES		specify Cuban, Mexica ES 2 X NO Specify			Black, White, etc.  Specify: Caucasian	
COMPLETED	15. DECEDENT'S EDUC			T'S USUAL OCCUPA		16b. KIND OF BU	SINESS/INDU	STRY	
E	(Specify only highest grade ( Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life, Do NO	of work done during use retired.)	most of working				
7	12th	1	Superv	isor Met	er Dept.	PEPCO			
N	17. FATHER'S NAME (First, Middle, Last)	J.,	Duperv	1001 1100		ME (First, Middle, Maide	Sumama)		
		Magleall				agdalen M		amc	
BE	Alan Armstrono								
10	19a. INFORMANT'S NAME (Type/Print) AKA Mary P. Mackal	HELEN P. M/	ACKALL 196. MAIL			Route Number, City or To			
	20a. METHOD OF DISPOSITION							ty or Town, State	
	1 X Burial 2 Cremation 3 Remo	oval from State	cemetery, crematory	ocother place)	h Cem: 199	C DATE 20C. D		way Marylar	
	4 Donation 5 Other (Specify)	ENGEE	St. Mary					4 4	
			,					Home, Inc.	
	· Charles 2	. Oelo	nger	663	3 Old Ale	xandria Fe	erry R	d Clinton,	Md
	23. PART i. Entar the diseases, or c	omplications that c	sused the death. D	o not enter the	node of dving, suc	h as cardiac or real	735	st, Approxim	ata
	ahock, or heart failura. I IMMEDIATE CAUSE (Final disease or condition	lat only one causa	on each line.					Interval B Onset and	d Death
	resulting in dasth)		AS A CONSEQUENCE					2-3	MICH
					1 4 4 4 4	1 1			
NO	Sequentially list conditions,		Snolest As a domiseouence	ive	treav	ut fail	we		
CERTIFICATION	if sny, leading to immediate csuse. Enter UNDERLYING	DOE 10 (OF							
5	CAUSE (Disesse or injury	DISE TO (O	Ha bas	tens	ov,				
E	that initiated eventa resulting in death) LAST	DUE TO (OF	AS A CONSEQUENCE	. OFJ:				i	
E		1							
	PART ii. Other significant conditions	contributing to de	ath but not resulting	a in the underly	ing cause given in	Part i. 24a. WAS A	VAUITORSV	24b. WERE AUTOPSY F	INDINGS
DICAL	Ano	n n		·g···· the enderry	my cause given m	PERFO	RMED?	AVAILABLE PRIOR	TO
ā	7110	ma				1 TES	2 10	OF DEATH?	LAUSE
ME		bleed						1   YES 2	NO
ä	DID TOBACCO USE CONTR	RIBUTE TO CAUS	SE OF DEATH	YES 🗆 NO	UNCERTAI	N 🗆			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF D	EATH (Check only o	ne)				
SIC	1 Tes 2 No	HOSPITAL:	R/Outpatient 3 DO	OTHER:	ome 5 Rasidence	8 Other (Specify)			
HY	27. MANNER OF DEATH	28a. DATE OF IN		TIME OF 28c.	INJURY AT	28d. DESCRIBE HOW	INJURY OCCU	IRED	
	1 Netural 5 Pending	(Month, Day,	Year)		WORK? YES 2 NO				
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF II	NJURY — At home, ter			281. LOCATION (Street	and Number o	r Rural Boute Number	
COMPLETED	4 Nomicide 6 Could not be	building, etc	. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State		Tidan Toole Trongol,	
Ш	29a. CERTIFIER	214AL T- 11-1-1							
MP	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC ONE)  2 MEDICAL EXAMINE							i. cause(a) and manner as s	stated.
8									
8	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		SIGNED (Month, Day, Year)	
TO E	4/10				DAP	178	0	-15-96	
F	30. NAME AND ADDRESS OF PERSON WHO Suresh Patel, M		OF DEATH (ITEM 27) (I	ype, Print) Road C	linton, Ma	aryland 2	0735		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE						
	FFR 2 1 1996	. J.l. A	i P						



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death

**Physician** /Medical Examiner **Funeral** 

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month FEB. 1996 16, CHRISTOPHER MEHRMANN 1240 AM 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth PRINCE GEORGES HOSPITAL CENTER E.R. CHEVERLY PRINCE GEORGES If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplace (Stata or Foreign Country) 1 GM 2□ F 36 072-56-0787 Director July 21, 1959 New York Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f sho traumstic event, the Modical Examinal rought be not find at 1 ☐ Yes 2 No Directo Maryland | Prince George's Upper Marlboro 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3130 Pyles Drive 20772 U.S.A. Pages 1 and 2 should be filed within 72 hours efter deeth vient of Health and Mental Hygiene. In the 1871's marked other than "natural", or items 23 mrt or other traumatic event, as section frammer mail my or other traumatic event, as section frammer mail. Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 11. Meritai Status 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Caucasian Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) 12th Coilege (1-4or 5+) Staff Systems Engineer S-3 Technologies Baltimore, Maryland 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meldan Surnama) Be Mehrmann Mikulik George Emily 19a. Informant's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Michelle Mehrmann 3130 Pyles Drive Upper Marlboro, Md 20772 20b. Plece of Disposition (Name of cematary, crematory or other plece) 20c. Location - City or Town, State 20a. Mathod of Disposition 1 ☐ Burial 2 XCremetion 3 ☐ Removel from Stata Department of important: If eny injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) Lee Crematory Feb. 20,1996 | Clinton, Maryland 21. Signature of Funeral Service Licensee 22. Nama and Address of Fecility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md 20735 Enter the diseasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, or heart fellura. List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** Immediete Cause (Finel diseasa or condition resulting in deeth) /Medical Examiner Due to (or es e consequence o Examiner The lew requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting In deeth) Last Due to (or es a consequence of): Box 68760, physician Physician/Medicai Dua to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by d 1 Yes 2 No 3 Probably 4 Unknown Ď 24b. Were autopsy findings evallable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed has 2□ No certificate Yes f or Attending Physician: after death. Director: After this certifica Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2X ER/Outpatient 3☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To funeral 28d. Describe how injury occurred subject driver struck and was struck by 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? driver struct and a attended to the class of 1 Netural 5 Pending 2/15/96 1 Yes 2 No Investigetion 1144 AR 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 - Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end menner as stated. Many landical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) Hospital 24 hours a 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signatura and title of certifler 29c. License number 29d. Dete signed (Month, Dey, Year) FEBRUARY 16, 1996 O.C.M.E 30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) I HEVOORE MIKIN 111 Penn Street, Baltimore, Maryland 21201

32 Registrer's Signature

Talin Davidson Rardall

State

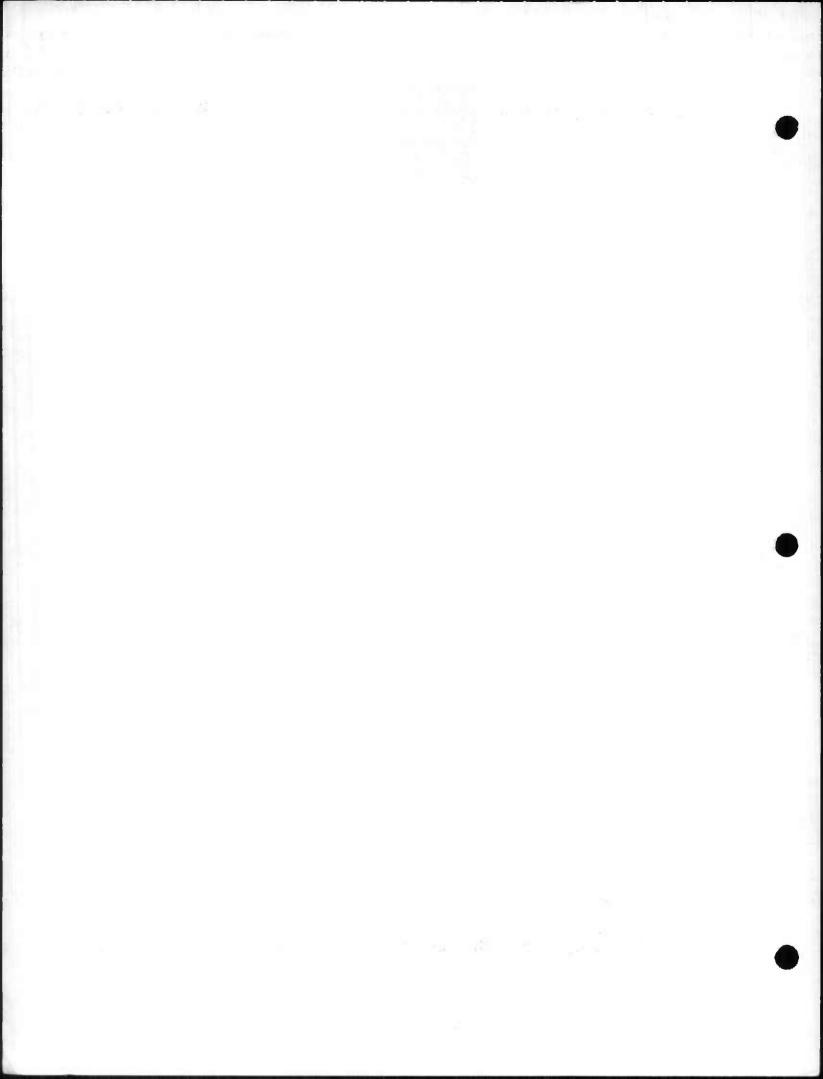
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31. Dete filed (Month, Dey, Year)

FEB 21



	AMEND #	1 (	CMS 2-21-96	State of Mary		artment of rtificate of			giene Reg. No.		
P			1. Decedent's Neme (First, Middle, Las	st)				2. Dete of De	eth	Vaar	3. Time of Death
	Physic /Medi		Mattison L	Villian	William	Malliso	n	Month	C Dey 18	96	7:15Am
<b>)</b>	Exami		4e. Fecility Neme (If not institution, give		/		4b. City, Town, or	Location of Deet	h 4c. County	of Deeth	
			Chesa peake	Manor	N-H		Arno	19	1	A-A-	
	Funeral Director		2-19-1372	ex 7. Age (In	yrs. lest birthday) 7 <b>9</b> Yrs.	If Under 1 Yea Months Deys			v. Year)	9. Birthple Counti	ce (State or Foreign
	Maryland f show	or	Usuel Residence of Decedent  10e. Stete 10b. County  A A	10c	City, Town or Lo	ocation VOLD				10	d. inside City Limits
	with the 3a or 28a	Funeral Director	10e. Street end Number  Chesapeake	Mancr	W.H.	10f. Zip Code	1012		10g. Citizen of V	Vhat Count	ry?
020	s 1 and 2 should be filled within 72 hours after death with the Maryland f Health and Mental Hygiena. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar must be noured as	by	11. Maritel Stetus  1 Never Married 2 Merried  3 1/2 Widowed 4 Divorced	12. Wes Decedent Ever Armed Forces? 1 Yes 2 SNo If Yes, Give Yeer or Detes:		Wes Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☐ No	Hispanic Origin? (5 ben, Mexican, Puer o Specify:	Specify Yes or No to Rican, etc.)		e - America ok, White, e	
1215-0020	rithin 72 ho na. han "natur a Medical	Completed	15. Decedent's Ed (Specify only highest gra Elamantery/Secondery (0-12)	ucetion de completed) College (1-4or 5+)	(Give	dant's Usuel Occi kind of work don DO NOT use retir	petlon e during most of wo ed) = R (N 6-	rking	16b. Kind of Bu		ustry
121	filed within Hygiena. ther than "		17. Fether's Neme (First, Middle, Last)		2 1.	011022		ma (First Adidalla			
Maryland	2 should be fand Mental His marked of	To Be	Etund o	. Malli	SON		Ara	/ -	, Meiden Sumem	16)	
	and 2 sho eaith and ! n 27 is me		19a. informant's Neme/Reletionship (	Type, Print)			vine W				
Baltimore,	permit. Pages 1 and 3 Department of Health Important: if Item 27 any Injury or other tr once.		20e. Method of Disposition 1 ☐ Buriei 2 ★ remetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specific	Removei from State	Db. Plece of Disponentery, cres	metory or other pi	1 .	Deta -0 -96	20c. Location -		
Balti	permit. Pages I Department of H Important: If Ite any Injury or ot once.		21. Signeture pt Funeral Service Licen		22	2. Neme end Add					
			23e. Pert1. Enter the disease, or come	plications the caused the	death. Do not ent	er the mode of the	Ing. such es cerdie	c or respiratory e	rrest		Approximeta
	Physician /Medicai Examiner		23e. Pert1. Enter the diseese, or companies took, or haert failura. List only immediate Causa (Final disease or condition		120			farelia			Approximeta intervel Between Onset and Deeth
		ner	resulting in deeth)	Actue	to (or es a conse	uence of):	. /			2	Tean
0,	a axacute ian end inal-trans	Examiner	Sequentielly list conditions, if eny, leeding to Immedieta ceusa. Entar Underlying Ceuse (Diseese or injury	U.	to (or es e consec	9					1.1
68760,	death certificate be axecuted e ettending physician end of for use as the burial-transit	fedical	thet initieted events resulting in death) Last	C. — Due t	o (or es e conseq	uence of):					
Box	th cer endin	Physiclan/M		d							
	0 0	sicl	Pert II. Other significant conditions co	ontributing to death but not	resulting in the u	ndarlying ceusa g	iven in Pert i.	23b. Dld	tobacco uea cor	ntribute to	the cause of death?
P.O.	as that the digned by the be detached	by Phy	OG Cevel	n Varenlo	or Dee	dent		10	Yee 2□ No	3 Probe	ably 4 Unknown
Records,	aw requir	Completed b						24e. Wes	en eutopsy ormed?	evai	re eutopsy findings leble prior to upletion of cause eeth?
R	0 - 6	E						10	Yes 2 Lino	10	Yes 2□ No
Vital	sician: The certificate irector, pag	Be	25. Wes cese referred to medical exeminer?				26. Plece of De	eth (Check only	one)		
of V	5 00	10	1 Yes 2 No	Hospitei: 1 Inpatient	2 ER/Outpetier	nt 3□ DOA O	ther: 4 Narsing i	lome 5 ☐ Resi	dence 8 Oth	er (Specify)	
0 0	ding Ph. After th funeral		27. Manner of Death  1 ☑ Natural 5 ☐ Panding	28a. Dete of Injury (Month, Day Yea	28b. Time of Injury	28c. Inj W	ury et ork?	28d. Describe	how injury occurr	red	
Ö	endir seth. or: Af he fu	atle	2 Accident Investigation		, ,,,,,		Yes 2 □ No				
Division	To the Hospital or Attending within 24 hours efter deeth.  To the Funeral Director: After completely filled in by the fune	Certification:	3 ☐ Sulcide 6 ☐ Could not be detarmined	28e. Plece of injury - / building, atc. (Sp	At home, ferm, str ecify)	eet, fectory, office		28f. Location ( City or To	Street end Numb wn, Stete)	er or Rurel	Route Number,
	To the Hospital within 24 hours e To the Funeral Completaly filled	edical	29a. Cartifier (Check only one)	/alcian: To the bast of my iner: On the basis of examend manner stated.	knowledga, death	occurred et that vastigation, in my	tima, data and place opinion, deeth occu	a, and due to the urred et the tima,	ceusa(s) and ma data end place,	nnar as sta and due to	ited. the ceuse(s)
	To the To the comp	M	29b. Signeture end title of certifier	MY Acte	udingle	29c. Licer	D 2168	4	29d. Date signed		
			30. Nema end address of person who d			Print)	D2168 Burnie	^			
_				rain towe	rs, o	len	Bornie	- mi			
	Sta		31. Dete filed (Month, Day, Yeer)	32. Ragistrer's S	-						
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DH	MH 16 Rev 6/9	5	2								



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PITAL	-

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF I		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH	
	MARY E MAXWEL	Ļ				FEBRUAR	Ϋ 10,	1996 9:20p₩	
	4. SOCIAL SECURITY NUMBER 579-22-8093	5. SEX 6. AGE 1 M 2XXF 81	(In yrs. last birthday)YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mognin) Day Year) 12/13/14	ı W	BIRTNPLACE (State or Foreign Country) ashington, D.C.	
_	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF DE		9c. COUNTY		
Į,	Ft. Washington H	ospital		rt. W	ashingto	n	Princ	e George's	
DIRECTOR	10a. STATE 10b. COUNT Maryland Char			ian Hea				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER				1. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?	
FUNERAL	54 Jameson Court				20640		USA		
BY FUI	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEOENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2X XNO	If yes, s		IC ORIGIN? (Specify Yen, Puerto Rican, atc.)		. RACE — American Indian, Black, White, etc. Specify:	
9	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	18a. DECEDENT'S I	JSUAL OCCUPATI ork done during me retired.)	ON ost of working	16b. KIND OF BU			
once.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak			at ho	nme		
DOM!	17. FATHER'S NAME (First, Middle, Last)		110memar		18. MOTNER'S NA	ME (First, Middle, Maider			
76	Raymond H. Be	ech			Lola	Dillon			
TO B	19a. INFORMANT'S NAME (Type/Print) Gloria J. Roberts	on		as item		Route Number, City or Tox	vn, Stata, Zip Co	rde)	
ts pe	20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem		b. PLACE AND DATE O					or Town, State	
E .	4 (2) Donation 5 (2) Other (Specify)		rinity Me			2/15/96		i, Md.	
medical examiner must be	· Rab. K.	alg		6160	Oxon Hill		Hill,	Md. 20745	
	23. BART t. Given the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  B(ecding)  B(ecding)  DUE TO (OR AS A CONSEQUENCE OF):								
or other traumatic or STIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
any inju	PART II. Other significant condition	na contributing to death i	but not resulting i	n the underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?	
shows 1: MEL	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	OF DEATH YE	S D NO D	UNCERTAIN	<u>-</u>		1 YES 2 NO	
ed, or item 23 si	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEAT	N (Check only one					
or Item	t TYES 2 NO	1 Inpetient 2 ER/Out			ne 5 🗌 Reeldence	6 Other (Specify)			
marked, BY PH	27. MANNER OF DEATN  Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUP	RED	
S SS	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, a			28f. LOCATION (Street City or Town, State		Rural Route Number,	
item PLE	(Orack Only	SICIAN: To the best of my know							
PORTANT: BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE		on and/or investigation	i, iii my opinion,				cause(a) and manner as stated.	
	The Sills	1	20		29c. LICENSE NUI			IGNED (Month, Day, Year)	
) ≥ 2	30. NAME AND ADDRESS OF PERSON WIN		EATN (ITEM 27) (Type,		L <u>D4536</u> I. #101	Ft. Was			
	31. DATE FILED (Month, Day, Year) FEB 13 1996	32 AEGISTHAR'S SIG					,		

- 13 E 1 3 E

**DIVISION OF VITAL RECORDS, P.O. BOX 68760** 

31. DATE FILED (Month, Day, Year)
FFB 1 3 1996

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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permit. Pages 1, 2, 3 should

								5 00	7 5
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY Y	3. TIME O	F DEATH
	WILLIAM MANN					FEBRUARY	11, 190		nm M
	4. SOCIAL SECURITY NUMBER 577–42–5642	77	(In yrs. lest birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS		June 24,	1932 W	BIRTHPLACE (Stell Country). ashingte	on , D.C.
2	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF OE	ATH	9c. COUNTY	OF OEATH	
DIRECTOR	RESIDENCE OF DECEDENT	MUNITY HOSPI			AM SEABRO	0K	PRINC	CE GEORG	E'S CO.
DIRE	Maryland Prince	e George's		ry, town on Loc anham					7S? 2  NO
FUNERAL	7303 Powhatan St	t.		1	20706		US US	n of what coun A	ITRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Nover Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 [V] YES IF YES, GIVE WAR OR D	2 NO	If yee,	ECENOENT OF HISPANI appecify Cuben, Mexicen ES 2XXNO Specify:			RACE — America Black, White, etc Specify: Thite	an Indien, D.
	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	(Give kind of	Work done during i	TION most of working	16b. KIND OF BU	SINESS/INDUS	TRY	
COMPLETED	Elementery/Secondary (0-12) 12th	College (1-4 or 5+)	Ille. Do NOT u	rse retired.)	e Officer	Washin	gton,	D.C.	
BE CON	17. FATHER'S NAME (First, Middle, Last) Thomas P. Ma	ann			16. MOTHER'S NAM	ME (First, Middle, Meider M. Wise		1	
TO B	190. INFORMANT'S NAME (Type/Print) Barbara Mann			me as i		loute Number, City or Tox	rn, Stete, Zip Co	ode)	
	200. METHOD OF DISPOSITION		b. PLACE AND DATE		Neme of	DATE 20c. LC	CATION — CIT	y or Town, State	
	1 Donation 5 Other (Specify)	Me Me	metery, crematory or erropoli	<sup>other place)</sup> t.an Crer	matory 2/1	2/96 Ale	xandri	a.Va.	
	21. SIGNATURE SUMERAL SERVICE LIC	CENSEE	1	22. NAME	AND ADDRESS OF FAC	s Funeral	Home		
	* de-P. Ko	·la li				Rd. Oxon		Md. 20	745
	23. PARTA. Enter the diseeses or ahock, or heart failure.	complication that cause List only one cause on	ed the death. Do each line.					it, App	proximate prval Between set and Death
	disease or condition resulting in death)	· Tuna (	Carons	Δ				64	1 -
	Touching in death)	DUE TO (OR AS	A CONSEQUENCE O	OF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS	A CONSEQUENCE O	OF);					-
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO (OR AS	A CONSEQUENCE O	NE).					
ERTIF	thet initiated events resulting in death) LAST	d	A CONSCOUENCE (	<i>y</i> -1:				į	
_	PART ii. Other aignificant condition	na contributing to death	but not resulting	in the underly	ing cause given-in			24b. WERE AUT	
MEDICAL	_ Chronic a	stretue	Pulme	mon	bren	e 1 = YES	RMED?		E PRIOR TO ION OF CAUSE
ME	Drobe	he Melli	100				,		2 🗌 NO
	DID TOBACCO USE CONT	RIBUTE TO CAUSE (		ES NO	☐ UNCERTAIN	10			3.0
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEA	OTHER:	96)				
YSI	1 TES 2 TANO	1 Inpatient 2 NER/Out		4 - Nursing H	ome 5 - Residence	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spo	IY — At home, ferm, ecify)	atreet, tectory, of	fice	281. LOCATION (Street City or Town, State		Rural Route Number	Θf,
LET	290. CERTIFIER 1 PO FEDTIEVING DAYS	SICIAN: To the best of my kno-	wledge death encode	and at the time of					
COMPL	one) —	ER: On the beele of exeminati							ner es stated.
	29b. SIGNATURE AND DISLE OF CERTIFIE	iR	e200		29c. LICENSE NUM	IBER	29d. DATE 5	SIGNED (Month, Da	ay, Year)
BE (	O's	AL.	>		D16410		1 2	1296	
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)				1.	
	COA BORNEZ	JAPPS, 1	mo -	1500 y	MODUER	Plug !	reen!	elt h	N)
	31. DATE FILED (Month, Day, Year)	32 AFGISTRAP'S SIG	MATURALA						

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

STATE REGISTRAR

t, DECEDENT'S NAME (First, Middle, Last)

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N OF VITAL RECORDS, P.O. B	PHYSICIAN:
DIVISION	S ATTENDING
	10
	SPITA

February 12,1996 Donald Mariast A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 5/13/17 377-07-5825 1 🗓 M 2 🗌 F Detroit, Mich. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Temple Hills 5021 Temple Hill Road Prince George's DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Temple Hills XXYES 2 NO Dermit. FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5021 Temple Hill Rd. 20748 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yee, specify Cuban, Mexican, Puerto Rican, atc.)
1 ☐ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES Specify BY 3 Widowed 4 Divorced WWII White ETED. ts. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Chrysler Motors Machinist COMPL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) George Mariast Rose Bogich te BE page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elizabeth Hudson same as item 10 be 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must director, Mt. Comfort Cemetery 2/15/96 Alexandria, Va. Other (Specify) examiner 22 NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home RRAL SERVICE LICENSEE funeral Klas 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 filled in by the filon, or removal. medical 23. PART 4. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such ea cardiac or respiratory arrest, shock, or heart feliure. List only the ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the cremation. disease or condition\_ Cardiac arrest
DUE TO (OR AS A CONSEQUENCE OF): completely resulting in desth) traumatic event, burial, COTONARY artery disease
DUE TO (OR AS A CONSEQUENCE OF): 2 years CERTIFICATION and Sequentially liet conditiona, attending physician a if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 6 the atten injury. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS has been signed by the Dept. of Health and AWAILABLE PRIOR TO shows any Hypertergion, diabeter mellitus COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO MY UNCERTAIN IN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 1 marked, 1 Natural 5 Pending м 1 YES 2 NO BY After Investigation 2 Accident 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) FUNERAL DIRECTOR: A within 72 hours after de S Could not be determined .00 COMPLETED 29e. CERTIFIER (Check only one)

One)

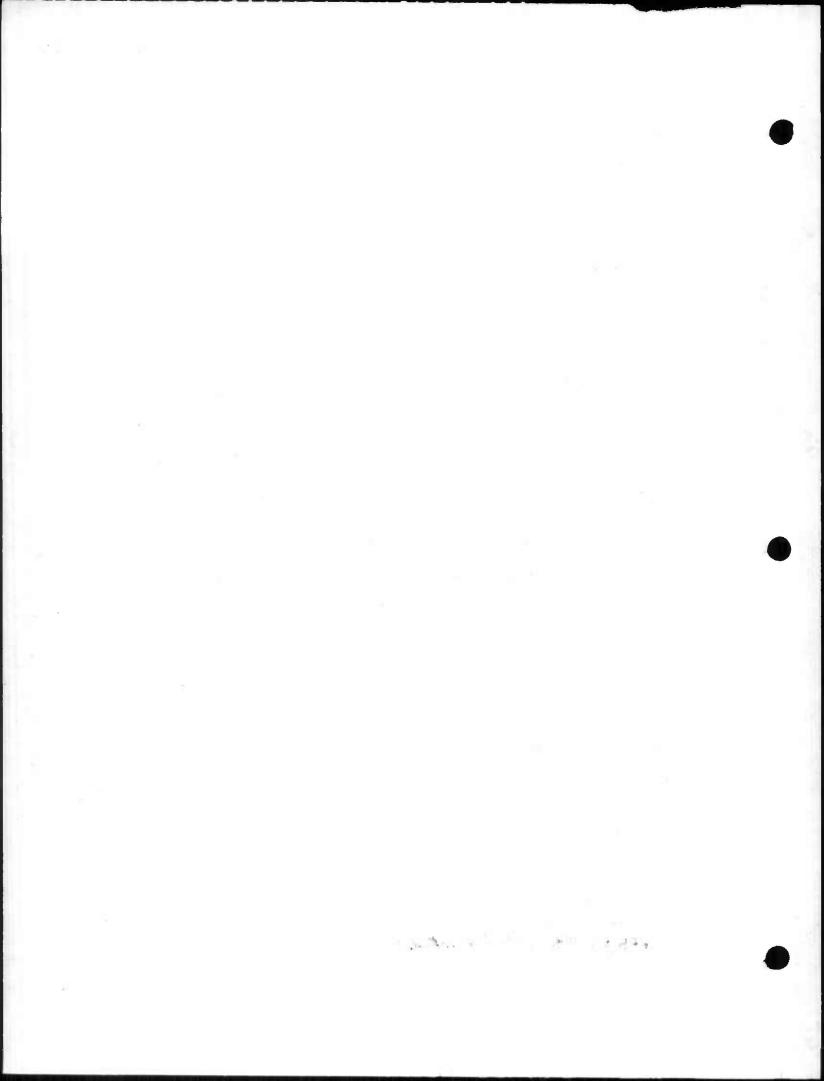
Appropriate Authority one)

Appropriate Authority one) TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE incent Chen us FER 1211996 D38159 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9131 Piscataway Rd., Clinton, Md. 20735 Vincent Chen, M.D. FEB 13 1996 FIGURES SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	Mercitt			2. DATE OF DEATH MONTH DAY SEAR 10,15 P. M						
Ì	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. II	last birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	42	BIRTHPLACE (State or Foreign Country)				
	9e. FACILITY NAME (If not institution, give street	and number)	9b. CITY,	TOWN OR LOCATION OF DE		1)	OF DEATH				
0.01	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY	TAND 1503/1	10c. CITY, TOWN O	PR LOCATION		HIINC	10d. INSIDE CITY				
2	MD. P.G.	′ •	Fores	FUILLE TOUR		100 CITIZEN	1 VES 2 □ NO  OF WHAT COUNTRY?				
NEDA	6461 Pennsyl	VANIA AUC. #	-101	2074	7	4.5	5. A.				
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	JNO II	WAS DECENDENT OF HISPA! If yos, specify Cuben, Mexice I YES 2 X NO Specify	n, Puerto Ricen, atc.)	a or No— 14.	RACE — American Indian, Black, White, etc. Specify:				
Z I E	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	noleted) (	DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.)	during most of working	16b. KIND OF BU	SINESS/INDUST	RY				
	12		House	wite	KrIV	ate					
5	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)					
ŭ	Archie Thon	1AS		EThe	el JAN	nes					
	190 INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS	(Street end Number or Rural	Route Number, City or Tow	m, State, Zip Coo	de)				
-	Carrie Hayes		0461 16	nn. Ave. 7	#101 FOR	Stulk	114 20741				
	20e, METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION   Name of completely comp										
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	22.1	NAME AND ADDRESS OF FA	CILITY HONGE	stE	devards				
	> Janue Elle	wards	39.	310 Silver	4111 215	uttano	Md.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. Liet only one cause on each line.  Approximate Interval Between Onset and Death										
	IMMEDIATE CAUSE (Finel disease or condition )										
	resulting in death)  a. // COMBEQUENCE OF):										
2	Sequentially list conditions, Suppose Living Chisease 5405										
2	if any, leading to immediate cause. Enter UNDERLYING										
3	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A DONS	ACCURACE OF):	cony			7 weeks				
	resulting in death) LAST	Til.		1							
2											
ME	PART II. Other algolificant conditions c	ontributing to death but not	t resulting in the un	iderlying ceuse given in	Part I. 24s. WAS AP PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC					1 YES	2 KNO	OF DEATH?				
	DID TORACCO LISE CONTRIB	ALITE TO CALISE OF DE	ATH VES TO	NO T LINCEPTAL	N [		1 YES 2 NO				
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
2	EXAMINER?	OSFITAL: Dinpatient 2 - ER/Outpetient	3 DOA 4 Num	R: sing Home 5 - Residence	8 Other (Specify)						
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED				
-	1 Natural 5 Pending 2 Accident Investigation	(month, Day, rear)	M	1 YES 2 NO							
בת ם	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	E OF INJURY — At home, ferm, street, factory, office ing, atc. (Specify)			281. LOCATION (Street and Number or Rural Roule Number, City or Town, State)					
1	29s. CERTIFIER 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(a) and manner ea stated.										
CmC	and .	CONSCINUTE TO THE PROPERTY OF									
2	290. SIGNATURE AND TITLE OF CERTIFIER	D. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED									
ם ס	Zn. Dun	n. DmWNH. 124535									
1	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Print)	Ave C/Mi	by m	200	725				
	31. DATE FILED (Month, Day, Year)	32. PEGISTRAP'S SIGNATURE	0	inco Cj int		· OXE	(4.5				
	FEB 13 1996	Jana dilustrar	Carolall,								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician.

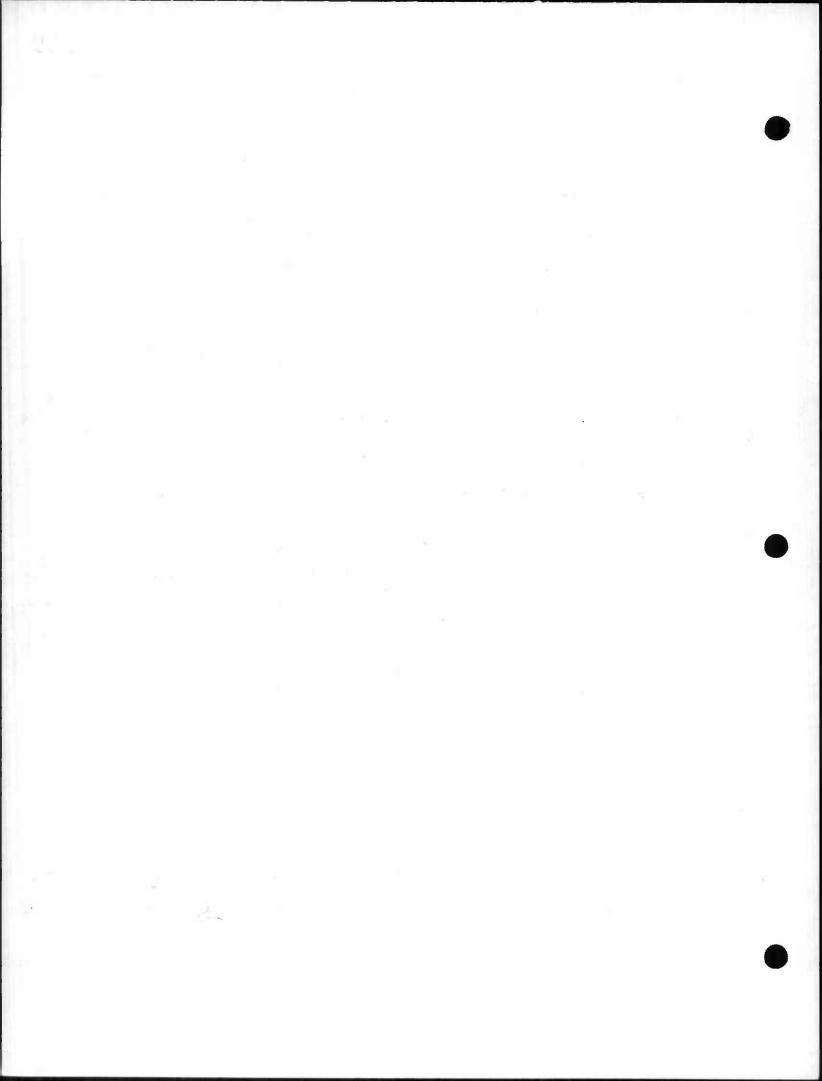
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1		FOR STATE REGISTR	ΑR
	1. D	ECEDENT'S	NA

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE (	OF DEATH	REG. NO	).					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH				
		Mae McCoy						96 5:40A M				
	4. SOCIAL SECURITY NUMBER	1	AGE (In yrs. last birthday)		AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)				
	579-46-1682	1 □ M 2√0X-F	77 YRS.	months of	TS HOURS WIN.			ancaster, SC				
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give			9b. CITY, TO	WN OR LOCATION OF E		9c. COUNTY OF DEATH					
	Doctor's Hospital			Lanha	m		Prince Georges					
	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	TV.	10-0	TY, TOWN OR L	00171011							
	2023 222	e Georges					10d. INSIDE CITY LIMITS?					
	100. STREET AND NUMBER	Cap	Capitol Heights			T.,	1-YES 2 NO					
	The second control of the second control of	-			10f. ZIP CODE			OF WHAT COUNTRY?				
N.	1221 Hybrid Avenu	10		1	20743			S.A.				
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 2			If ye	e, specify Cuban, Maxic	an, Puarto Rican, etc.)	C ORIGIN? (Specify Yes or No— Puerto Rican, etc.)					
BY	3X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆	YES 2X NO Spec	ify:		Specify: Black				
	15. DECEDENT'S EDI	JCATION	18e. DECEDENT	S USUAL OCCU	PATION	18b. KIND OF BU						
13 E	(Specify only highest grad Elementary/Secondary (0-12)	completed)	(Give kind of life, Do NOT of	work done durin	g most of working							
PL	12	College (1-4 or 5+)	Homemak	er		Home	Home					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	n Sumame)					
S	Sim Hood				Nannie	Crockett						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (St		Route Number, City or Tov	vn, State, Zip Co	de)				
5	Rev Fred McCoy		2515 B	oones :	La, Forres	stville, MI	20747					
	20a. METHOD OF DISPOSITION		206. PLACE AND DATE	OF DISPOSITIO	N (Name of	DATE 20c. LC		or Town, State				
	t X Buriel 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donetion 5 ☐ Other (Specify)	noval from State	Lincoln M	emoria	1 Cemetary	2/17/96	Suitla	ind, MD				
	21. SIGNATURE FUNERAL SERVICE L	ICENSEE		22. NAB	E AND ADDRESS OF F	ACILITY						
	Marshall's Funeral Home, Inc 4308 Suitland Rd, Suitland, MD 20746											
	23. PARM. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate											
	shock, Dr heart fallure. List pnly Dne cause Dn eech line.  IMMEDIATE CAUSE (Finel Onset and Desth											
	disease or condition resulting in desth)  s. RESPIRATORY FAILURE <1-day.											
	resulting in desth)	DUE TO (O	R AS A CONSEQUENCE	DF):	1	No. 1	_	7				
z		. H	-UPOT	EN	- (MA)2	- SHO!	CK.	one day				
CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OP)											
S	CALISE (Disease or injury											
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in desth) LAST											
	PART ii. Other eignificant condition	ne contributing to de	eath but not reculting	in the under	iving cause given in	Part I. 24a, WAS AF	N AUTOPSY	24b. WERE AUTOPSY FINDINGS				
EDICAL	PERFORMED? AMAILABLE PRIOR TO COMMENTION OF CAUSE											
	1 VES 2 VMO OF DEATH?											
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
AN	25. WAS CASE REFERRED TO MEDICAL	T T CAU	28. PLACE OF DE									
PHYSICIAN	EXAMINER?	HOEPITAL:	R/Outpetlant 3 DOA	OTHER:								
148	27. MANNER OF DEATH	28a. DATE OF IN			Home 5 Residence	8 U Other (Specify)  28d. DESCRIBE HOW	IN HISY OCCUS	aen .				
	1 Return 5 Pending	(Month, Day,	Year) IP	JURY	WORK?	200. DESCRIBE NOW	INJOH! OCCOR					
ВУ	Accident Investigation	28a, PLACE OF	NJURY — At home, term	1		28t I OCATION (Street	and Alicebes on Deed Goods Alicebes					
E0	3 Suicide e Could not be determined  28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)  28s. LOCATION (Street and Number or Rural Route Number of Rural Route Number or Rural Route Num											
COMPLETE	29e. CERTIFIER						- /					
MP	(Check only 1) WENTH-YING PRYSICIAN: 10 the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.											
흥	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  29d. DATE SIGNED (Month, Day, Year)											
10	J-343 23 102-14-96											
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 37) (Type Print)											
	>7 LMW W	1,400	2-10016	wey v	IN TOWN	14019	100	MIC-IM-YOU				
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE											
	FEB 15 1996 this Thursday Kardai											



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 24 hours after death, Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE RESULTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE	OF DEATH	REG. NO								
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH D	AV VI	3. TIME OF DEATN						
DIPECTOR	BREANN CARLEE MORRISON		FEBRUARY 8		1:14 p <sup>M</sup>						
	1 M 2 LYF YRS.	EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB, 7,1	995	BIRTNPLACE (State or Foreign Country)						
	9e. FACILITY NAME (If not institution, give street and number)  NATIONAL NAVAL MEDICAL CENTER  BETI RESIDENCE OF DECEMENT	ATN	9c. COUNTY OF DEATH MONTGOMERY								
	10a. STATE 10b. COUNTY 10c. CITY, TOWN DR	WS AFB		10d. INSIDE CITY LIMITS?X 1 YES 2 ND							
ERAL	3848-2 Michigan Ave	10f. ZIP CODE 20762		10g. CITIZEN OF WNAT COUNTRY? USA							
В	Norma Mandad 2 Mandad FDRCES? 1 YES 2 NO If y	S DECENDENT OF NISPAN es, specify Cuben, Mexical YES 2 NO Specify	n, Puarto Rican, etc.)	s or No — 14	rNo- 14. RACE — American Indian, Black, White, etc. Specify: White						
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or S +)  N/A	UPATION ing most of working	ON st of working  166. KIND OF BUSINESS/INDUSTRY  N/A								
MO	17. FATHER'S NAME (First, Middle, Last)	18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)							
	ROBERT LONG	TAMMY	L. MORR	TSON							
TO BE					B MD 20762						
H	20a. METNOD OF DISPOSITION  TV Burlei 2 Cremation 3 Removat from State  20b. PLACE AND DATE OF DISPOSITION cematery, crematory or other piace) Peninsula Mer				y or Town, State ort News, VA						
	21. SIGNATURE THE PROPERTY OF										
IFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  RESPIRATORY FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  DIAPHRAGMATIC HERNIA  DUE TO (OR AS A CONSEQUENCE OF):  DIAPHRAGMATIC HERNIA  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):										
E	d										
DICAL	PART ii. Other significant conditions contributing to death but not resulting in the under	Part I. 24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?							
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one)										
SIC	EXAMINER?  1 YES 2 X ND  HOSPITAL:  OTHER:  1 Xinpetlent 2 ER/Outpetlent 3 DDA 4 Nursin	g Noma 5 🗆 Residence	5 Residence 8 Other (Specify)								
CERTIFICATION TO BE	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME DF 2	8c. INJURY AT	28d. DESCRIBE NOW	INJURY OCCU	RED						
	1 Netural 5 Pending (Month, Day, Year) INJURY	WORK? 1 YES 2 ND									
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMPLETED BY FUNERAL DIPECTOR	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factor building, etc. (Specify)	y, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
	29s. CERTIFIER (Check only one)  1 X CERTIFVING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)							
0	Rulle mone to LR ma 2000										
5	30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATN (ITEM 27) (Typo, Print)		MD D41551 FEBRUARY 9 1996 NATIONAL NAVAL MEDICAL CENTER								
	RUSSELL R. MOORES LTC, MC, USA		BETHESDA MD 20889-5600								
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE	31. DATE FILED (Month, Day Year)  32. REGISTRAR ESIGNATURE  CD 15 1995   Falsa Discussion Acadelle.										

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				C	ertificate of	Death		Re	a. No.			
Dhualais		Decedent's Name (First, Middle, Last)						2. Date of Deeth Month Day Year			3. Time of De	eath
Physicia /Medic			D				FEBRUARY 08,			1:15F	Mc	
Examin		4a. Facility Neme (If not Institution, give		4b. City, Town, or L								
		PRINCE GEORGE HO	SPITAL			CHEVE	ERLY		PRINC	CE GEO	ORGE	
Funeral Director		300-30-7877	7. Age (In yrs.	last birthda Yrs.	y) If Under 1 Yeer Montha Days		Min. (Mi	te of Birth onth, Day, CT • 1.	Year) 5 30	Count	ace (State or F try) H CAROL	
ahow dat		Usual Residence of Decedent  10e. State 10b. County 10c. City, Town or Location							10d. inside City Limits			
T S	Director	MD PRINCE GEORGE CAPITOL HEIGHTS						1 🖔 Yes 20				
Or 2	i.	10e. Street and Number			10f. Zip Code			10	g. Citizen of V	Whet Count	iry?	
23 m	rai	4316 N ADDISON RO	AD		20743				U.S.A.			
Engl.	by Funerai	11. Marital Status  1 □ Never Married 2 □ Married  \$\times \time	12. Wes Decedent Ever in L Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes;	J,S. 13	3. Was Decedent of if Yes, specify Cub 1 ☐ Yes 2 ② No	an, Mexicen	gin? (Specify Yo , Puerto Ricen,	es or No- etc.)		ce - Americe ck, White, e	etc.	
The second	De l	15. Decedent's Edu	ucetion	16a. Dec	edent's Usuai Occu	pation		1	6b. Kind of Bu	usiness/Ind	lustry	
ane. than nat	Completed	(Specify only highest grad	le completed) College (1-4or 5+)	(Gh	ve kind of work done . DO NOT use retire	during most ed)	of working					
Hygiane.	NO.	12TH		ACCO	UNTANT				SELF EN	MPLOY	ED	
nd Mentel Hygis marked other metic avent, tr	Be	17. Father's Name (First, Middle, Last)				18. Mothe	r's Name (First	, Middle, M	alden Sumen	10)		
Went rked tic a	10	DANNIE B. McLAUGH	LIN			ELIZ	ZA JANE	SMIT	H			
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		19a. informant's Name/Relationship (7) BETTIE O. McLEOD	,, , ,		lling Address (Stree N ADDISO						,	
Department of Haalth important: If item 27 any injury or other tr		20a. Method of Disposition  1   Burial 2 □ Cremation 3 □ F  4 □ Donation 5 □ Other (Specify)	Removei from State	cemetery, ci	position (Neme of ematory or other pla D CEMETER	•	Date   Da		Oc. Location -			
Department of Himportant: If its any injury or ot once.		4 Donation 5 Other (Specify) GLENWOOD CEMETERY FEB/13/96 WASHINGTON, D.C.  21. Signature of Funeral Service Ucensee W.H. BACON FUNERAL HOME INC.  276 3447 14TH STREET, N.W. WASH, D.C. 20010								0	ī	
No. of Lot		23a. Part1. Enter the disease, or comp shock, or heart failure. List only o								20010	Approximete	
hysician /Medical ixaminer		immediate Cause (Final disease or condition resulting in death)			phired equence of):						interval Betwe Onset and Der	
e attanding physician end of for usa as the burial-transit	Med	Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	Due to (		equence of):		eu co				hay I	/ (
ed by th datache	by Physician							23b. Did tobacco usa contribute to the cause of dea				
has been sign	Completed b						24	4e. Wes ar perform	eutopsy ed?	ava	re autopsy find illable prior to inpletion of cau death?	
ate ha	5							1 ☐ Ye	2 1 No	1 🗆	Yes 2 No	0
cartificate rector, pa	Be	25. Was case referred to medical examiner?				26. Plece	of Death (Che	ck only one	)			-
00	2	1 Yes 2 No	Hospital: 1 (2) Inpatient 2	ER/Outpati	ent 3 DOA Ot	her: 4 Nu	rsing Home 5	☐ Reside	nce 6 Oth	er (Specify	)	
r death. octor: Aftar th by tha funaral		27. Manne of Death  1 Natural 5 Pending 2 Accident Investigation	iry at ork? ]Yes 2 □ h		28d. Describe how injury occurred							
rs efter death al Director: A led in by tha f	Certification:	3 ☐ Suicide 4 ☐ Homicide  6 ☐ Could not be determined  28e. Place of injury - At home, farm, street, factory, or building, etc. (Specify)					office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)					91,
within 24 hours of To the Funeral DI complataly filled in	edicai	29a. Certifier (Check only one) 1 Certifying Physical Exami	sician: To the best of my kno ner: On the besis of examina and menner stated.	owledge, dea ation end/or	ath occurred at the ti investigation, in my	ime, date and opinion, deat	d place, and du th occurred et ti	e to the ce he time, da	use(s) and me te end place,	anner as sta and due to	ated. the cause(s)	
within 2 To the comple	2	29b. Signeture and title of certifier	U811	Wh	29c. Licen	se number 348	60	29	d. Dete signé	g (Month, g	gy, Year)	
(0)		30. Name and address of person who co	ompleted ceuse of deeth (Ner	n 23a) (Type	e, Print)				/			-
		O SHPAK MI	9470 AN	VAPOLI	S RD #201	LAN	HAM, MD	2070	6			
Stat	е	31. Dete filed (Month, Day, Year)	A Des Broiston Sich	Me								

Registrar

What was the state of the state

Amended \$18 \$19a 2/13/96 ELM P.G.C. #1,18,19a, FilmG738 8/30/96 kam per Dr.

ITEMS: 23 PART I, 27,

State of Maryland / Department of Health and Mental Hygiene

PER MEO FILM G-733 3/11/96 t.t

Certificate of Death

**Physician** /Medical Examiner

CHRISTOPHER Rico

MILLER

7. Age (In yrs. last birthday)

11

FEB.

2. Data of Death

3. Time of Deeth 12:37 AM

4e. Fecility Nama (If not institution, giva street and number)

1. Decedent's Neme (First, Middla, Last)

PRINCE GEORGES HOSPITAL CENTER E.R.

12 M 2 ☐ F

4b. City, Town, or Location of Death CHEVERLY

4c. County of Deeth PRINCE GEORGES

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Hedical Expiritive must be notified at once.

Physician

/Medical

Examiner

Hospital or Attending Physician: The law requires that the death certificate be asscuted

been signed by the a should be detached

certificate

this funeral

After

aftar death Director: A death

within 24 hours a To the Funeral D completely filled

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

Usual Rasidence of Decedant 10a. State 10b. County Maryland Prince George

10c. City, Town or Location Bladensburg

Months

Frankfurt, 10d. Insida City Limits

1996

10e. Street end Number

5. Social Security Number

577-13-0118

5800 Annapolis Road #814

10f. Zip Coda

1 Yas 2 No 10g. Citizen of What Country?

9. Birthplace (State or Foreign Country) E I III a II y

Director

20710

USA

Funeral

by

Completed

Be

To

Physician/Medical

þ

Completed

Be

Certification: To

edical

1 Never Merried 2 Married 3 ☐ Widowed 4 ☐ Divorcad

12. Was Decedent Ever in U,S. Armad Forcas? 1 ☐ Yas XXNo If Yas, Giva

 Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 1 ☐ Yas 2 ☐ No Specify:

If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min.

14. Race - American Indian, Black, Whita, atc. Specify: Black

15. Decedant's Education (Specify only highest grada complated) Elamantary/Secondary (0-12)

Collega (1-4or 5+)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired)

16b. Kind of Business/Industry

6th

17. Fether's Neme (First, Middle, Last)

Student

N/A

18. Mother's Name (First, Middle, Maiden Sumame)
Marecia
Margo Miller Miller

Unknown

19a. Informent's Name/Ralationship (Type, Print) Margo Miller/Mother 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 5800 Annapolis Rd #814, Bladensburg,

20a. Mathod of Disposition

20b. Placa of Disposition (Nama of camatary, cramatory or other place)

20710 20c. Location - City or Town, Stata

Puriel 2 Cramation 3 Ramoval from Stata

4 ☐ Donation 5 ☐ Othar (Specify)

Maryland National 22. Neme end Address of Facility 2/17 Laurel, Maryland

21. Signetura of Funarel Servica Licansee

rimberly KIONUC

J. B. Jenkins Funeral Home 7474 Landover Rd, Landover, MD

20785 Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximata Intarval Batween Onsat and Death

Immediata Causa (Final disease or condition rasulting in death)

NO ANATOMIC OR TOXICOLOGIC CAUSE OF DEATH

Due to (or as a consequance of):

Saquentially list conditions, if any, leading to Immadiate cause. Entar Underlying Causa (Disease or Injury that initieted evants rasulting in death) Last

Dua to (or as a consequence of)

Dua to (or es e consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown

24b. Wera eutopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed?

1 Yas 2 No

1'₽Yes 2□ No

25. Was casa rafarred to medical XXYes 2 No

28a. Data of Injury (Month, Day Year)

1 ☐ Inpatient 2 ☐ POA 28b. Tima of

28c. Injury at Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred

5 Pending Invastigation 6 Could not be 28e. Place of fnjury - At homa, farm, straat, factory, office bullding, atc. (Specify)

1 ☐ Yas 2 ☐ No

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

29a. Certifian

27. Mannar of Deeth

2 Accidant 3 Sulcida

4 Homleida

1XX Natural

Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

Wedfcal Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner steted.

29b. Signature end title of certifier

29c. Licanse number O.C.M.E 29d. Dete signed (Month, Day, Year) FEBRUARY 7, 1996

30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print)

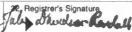
Fowler 100101

111 Penn Street, Baltimore, Maryland 21201

26. Place of Death (Check only ona)

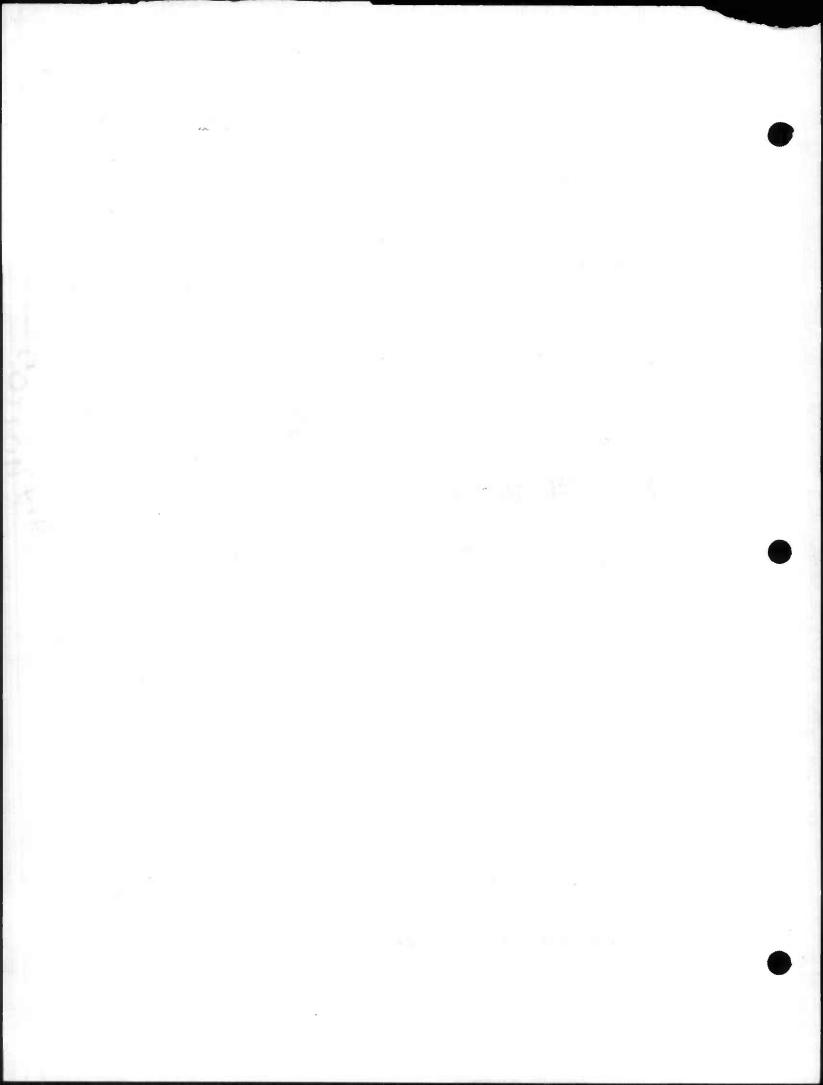
State Registrar

31. Dete filed (Month, Day, Year) FEB 13 1996



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR		С	ERTIF	ICATE OF	DEATH	REG	. NO.			
1 1.	DECEDENT'S NAME (First, Middle, Last)								YEAR	3. TIME OF DEATI	н
	LURAY			NOLA	AN		2. DATE OF DEA MONTH 4 February	<del>3,</del> 1996	TEAR	9:37	a M
4.	. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	N .	8. BIRT	NPLACE (State or For	eign
	212-30-1893	1 - M 2 X F	94	YRS.	MONTHS DAYS	HOURS MIN.	September			nknown	
- 1	e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF DI	EATN	9c. CO	UNTY OF I	DEATN	
	WATERVIEW HEALTH	CARE CEN	TER		SALI	SBURY		WICOMICO			
ĬĮ T	De. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	TION				10d, INSIDE CITY	,
ā :	Maryland Balt	timore		Ba	altimore					1 YES 2	NO
4 "	De. STREET AND NUMBER				-10	H, ZIP COOE		10g. C	ITIZEN OF	WHAT COUNTRY?	
EH I	1002 Rolling Rd.					21228			USA	A	
- II '	1. MARITAL STATUS  Never Merried 2 Msrried  Widowed 4 Divorced	12. WAS DECEDEN FORCES?	YES 2 X		If yes, s	3. WAS DECENDENT OF NISPANIC ORIGIN? (S; If yes, specify Cuban, Maxican, Puerto Rican 1 YES 2 1 NO Specify:					n,
	15. OECEDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OCCUPAT	ION	16b. KIND O	F BUSINESS/II		VIIICE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- 4	Give kind of fe. Do NOT u	work done during m se retired.)	ost of working					
4	Unknown	Unknown	· .	Unkr	nown		Unk	nown			
Ö T	7. FATNER'S NAME (First, Middle, Last)					16. MOTNER'S NA	AME (First, Middle, M	laiden Surname,	)		
BE L	Unknown					Unkno	own				
2	9a. INFORMANT'S NAME (Type/Print)		1			and Number or Rural					
FL	Phyllis M. Kell	ey		105	Times Sq	uare, Sa	lisbury,	MD 21	801		
	0e. METNOD OF DISPOSITION  Burlet 2 X Cremation 3 Rem	oval from State		E AND DATE	OF DISPOSITION (	leme of	DATE 20	c. LOCATION -	— City or 1	lown, State	
4	☐ Donation 6 ☐ Other (Specify)		Salis	bury	Cremato	ry	2/9	Salisb	ury.	MD	
2	1. SIGNATURE OF FUNERAL SERVICE LI	CEMBEE				AND ADDRESS OF FA		-			
	Daniel 4	* (Wan	CAOCOLM			loway Fur Snow Hil			\	(D 21901	
	3. PART I. Enter the diseases, or	complications the	of daused the c	leath. Do	not enter the m	ode of dying, aud	ch as cardiec or	reapiratory a	orreat.	Approxima	ite
	MMEDIATE CAUSE (Final disease or condition	List only one cer	use on eech iir	10.	Sai	120				Interval Be Onsat and	
11	resulting in death)	DUE TO	IOR AS A BONS	EQUENCE 0	F): 1	0	la-			100	
z	•	· fee		0,0,	~ /~	Dene	2-			42	
	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	EQUENCE	r):		M			1	
5 3	cause. Enter UNDERLYING CAUSE (Disease or injury			-							
<u>"</u> "	that initiated eventa	DUE TO	(OR AS A CONS	EQUENCE (	r)						
H L	reaulting in deeth) LAST	d									
	PART II. Other algnificant condition	ns contributing to	deeth but not	resulting	in the underlyi	ng ceuse given in	Part I. 24a. W	AS AN AUTOPS	Y 24	b. WERE AUTOPSY FIL	NOINGS
DICAL						1,270	PI	ERFORMED?		AVAILABLE PRIOR	TO
							_   '''	ES 2 NO		OF DEATH?	
Σ	DID TOBACCO USE CONT	PIBLITE TO CA	LISE OF DE	ATH Y	ES [] NO [	T LINCEPTAL	NΠ			1   YES 2   N	10
Z Z	S. WAS CASE REFERRED TO MEDICAL	1			ATN (Check only one		14 10				
PHYSICIAN: ME	EXAMINER?  1 YES 2 NO	HOSPITAL:	EB/Outpetlant	3 🗆 DOA	OTHER:	me 5 🗌 Residence	a [] Otto - (D)				
ž į	7. MANNER OF BEATH	28e. DATE O		20b. TII		JURY AT	28d. DESCRIBE		CCURED		
	1 Natural 5 Pending	(Month, I	Day, Year)	IN	JURY W	YES 2 NO					
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE	OF INJURY — At I	home, farm,	street, tactory, off		28t. LOCATION (	Street and Numi	ber or Rural	Route Number	_
<u> </u>	4 Nomicide 6 Could not be	building	, atc. (Specify)				City or Town,				
2	98. CERTIFIER	HOLAN, T			c.//weers		X = ( - 0, - 1)				
COMPLETED	(Check only one) 2 MEDICAL EXAMIN									(a) and manner as st	lated.
	SIGNATURE AND TITLE OF CENTER					29c. LICENSE NU				D (Month, Day, Year)	
H .	1/1/A					0793	49	•	2/5	181	
유 🔓	0. NAME AND ADDRESS OF PERSON W	COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Typ	e, Print)				1-1	10	_
				. 177					/		
3	1. DATE FILED (Month, Day, Year)	32. REGISTR	ARIS SIGNATURE	0							_
	FEB 0 9 19	96 Julia	Davelson	Rardal	6						

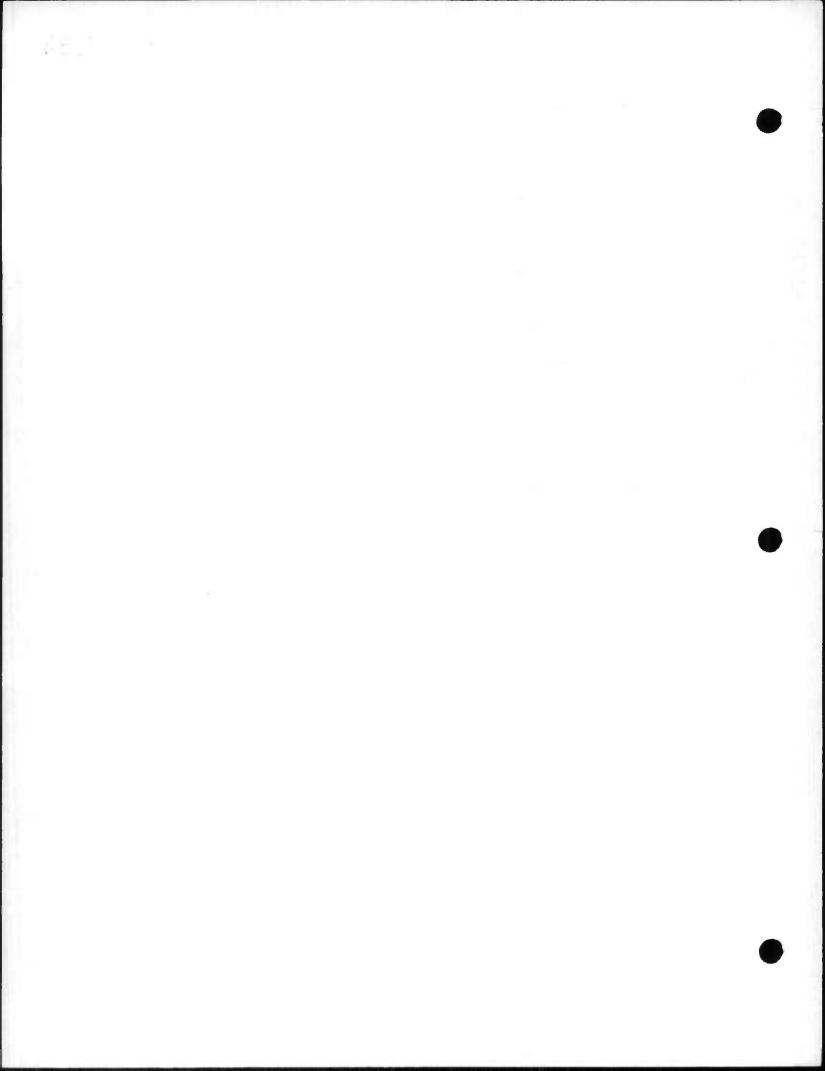


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

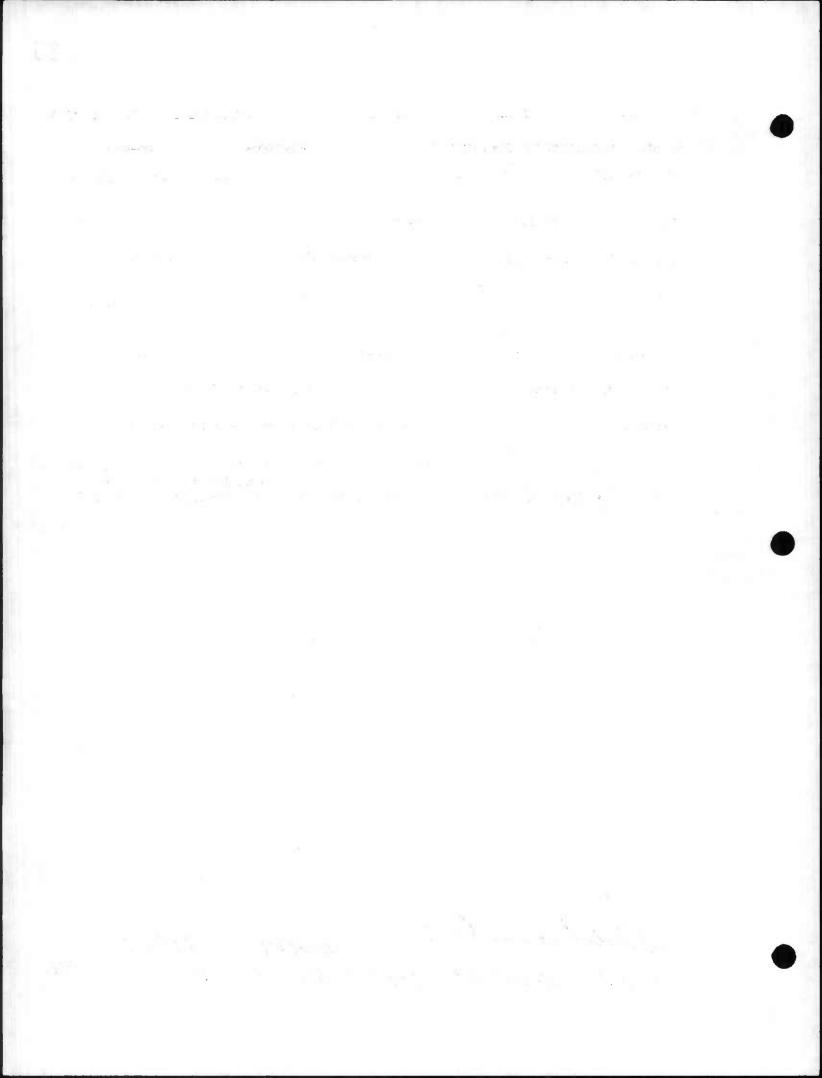
IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL			T OF HEALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	J.	3	TIME OF DEATH	
	Lill	ian Hattie	Netz			February	11, 19 <sup>4</sup>	FAR	1:12	Рм
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthd	ay) IF UND	R 1 YEAR   IF UNDER 24 HRS				ACE (State or Fon	_
	215-64-2413	1 🗆 M 2 🔯 F	91 YR	MONTHS	DAYS HOURS MIN.	(Month, Day, Year)		Country)	· ·	my"
	9a. FACILITY NAME (If not institution, give st	treat and number)	31	95 CIT	Y, TOWN OR LOCATION OF	NOV. 1, 1			LAND	
DIRECTOR	REEDERS MEMORIAL			90. 01	BOONSBOI		9c. COUNTY OF DEATH WASHINGTON			
ក្ត	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		100	CITY TOWN	OR LOCATION					
E	MARYLAND	WASHINGTON	""			71	,	- 1	LIMITS?	
	10e. STREET AND NUMBER	WASIIIIWGION			ROHRERSVILLI	<u> </u>			YES 2 K	10
FUNERAL	THE RESERVE OF THE PERSON OF T				101. ZIP CODE		10g. CITIZEI	N OF WHA	AT COUNTRY?	
y	20225 ROHRERSVII				217			U.S	.A.	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13	WAS DECENDENT OF HISP If yes, specify Cuben, Max	ANIC ORIGIN? (Specify Vicen, Puerto Rican, etc.)	s or No 14	RACE -	- American Indiar Vhita, atc.	١,
ВУ	3 Midowed 4 Divorced	IF YES, OIVE WAR OR D	ATES		1 TES 2 NO Spe			Specify:		
	45 OFFICENCIA FOLLO								WHITE	
TE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18a. DECEDEN (Give kind	of work done	during most of working	16b. KIND OF BI	JSINESS/INDUS	TRY		
1	Elementary/Secondary (0-12)	College (1-4 or 5+)		T use retired.						
M	6		OWNE	R & O.	PERATOR	GROCERY		& R	ESTAURA	NT
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S I	NAME (First, Middle, Maide	n Sumame)			
BE	DONAVON SMITH				MARTHA	LAPOLE				
2	19a. INFORMANT'S NAME (Type/Print)		196. MAIL	INO ADDRES	S (Street and Number or Run	al Route Number, City or To	wn, State, Zip Co	ode)	21779	
-	KATHRYN NORRIS	3	2022	5 ROH	RERSVILLE S	CHOOL RD.,	ROHREF	RSVII	LE. MD	
	20s, METHOD OF DISPOSITION 1   ↑ Burlet 2 □ Cremation 3 □ Remo		PLACE AND DA	TE OF DISPO	SITION (Name of		OCATION — City			
	4 Donation 6 Other (Specify)	B	OONSBOR	or other place O CEM	ETERY 2/	14/96 BOX	NSBORC	). MZ	ARYLAND	
	21. SIGMATURE OF FUNERAL SERVICE LIC				NAME AND ADDRESS OF	FACILITY				
	· COM ()	Paul I	M. Dean	ı B	AST FUNERAL	HI MAIH.			onal Pil	re
-	1002//-000	<del>M</del>				Booi	nsboro,	MD	21713	
	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that cause List only one cause on e	d the death. Deach line.	o not ente	r the mode of dying, at	ich aa cardiec or ree	Diretory arrest	t,	Approximati	
	IMMEDIATE CAUSE (Final	H-201 MANAGED EN							Onset and	
	disease or condition reaulting in death)	. CONGESIN	E HE	ARI	FAILURE				IVEAR	,
	ETALBOA FALL	DUE TO (OR AS /	CONSEQUENC	E OF):					1	
z I		DUE TO (OR AS A DUE TO (OR AS A	24 AR	TERY	DISTASE				2. YEAR	28
RTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	ONSEQUENCE	E OF):						
ঠ	cause, Enter UNDERLYING CAUSE (Disease or Injury	÷								
	that initiated events	DUE TO (OR AS A	CONSEQUENCE	E OF):						
E	reaulting in death) LAST	1								1
8	PART II. Other aignificant conditions	n contribution to death h		- to the						
Ŋ.							N AUTOPSY PRMED?		ERE AUTOPSY FIN	
품		DEPENDENT	DIMISE	185	MELLIUS	1 🗀 YES	2 116		OMPLETION OF CA	USE
¥								1 (	YES 2 NO	
HYSICIAN: MEDIC	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	F DEATH	YES 🗌	NO 'UNCERTA	IN 🗆				
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LICOSPIENT.	26. PLACE OF E							
<u>s</u>	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	etlant 3 🗆 DO	4 V Nu	R: rsing Home 6 - Residence	8 Other (Specify)				
Ę	27. MANNER OF DEATH	28a. DATE OF INJURY	28b.	TIME OF	26c, INJURY AT	26d. DESCRIBE HOW	INJURY OCCUR	RED		
ВУР	1 Natural 5 Pending	(Month, Day, Year)		INJURY M	WORK7					
	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	— At home, far	m, street, fac	tory, office	26f. LOCATION (Street	and Number or	Rural Rout	e Number,	$\dashv$
COMPLETED	4 Homicide detarmined	building, atc. (Spec	эпү)			City or Town, State	)			- 1
۳ ا	29e. CERTIFIER	NAM. To the board of the				1.0.1			-	-
<u>Σ</u>		CIAN: To the best of my know								
္ပ	a medicine expansion	R: On the basis of examination	n and/or investig	ation, in my	opinion, death occured at ti	ns time, data and place, a	nd due to the c	ause(s) an	nd manner as sta	ted.
BE.	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N				onth, Day, Year)	$\Box$
	WV	F-0			104499	76	FE	13 1	2, 1996	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (7	ype, Print)						
	Dr. Zafar Malik	20311 Lappan	s Road.	, Boor	isboro, Mary	land 21713	301-4	432-8	8470	
	3 PORTEFULED (Maning 99 1001)	P NK REGISTRARY SIGN	ATURE		7,1111,0					$\neg$
	1 = 1000	with the second of the	FAME							
										- 4



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						Certific	ate of	Death		Re	g. No.			
	Physic	ian	1. Decedent's Name (First, Middle, Li	nst)					2	. Data of Deeth Month		Year	3. Time of	Death
	/Medi		MARY	GRACE	N	ICHOLS	SON		F	EBRUARY			9:05 2	3.M.
)	Exami		4e. Fecility Nama (If not institution, gi	va streat end number)		1011021		4b. City, To		tion of Death	4c. County	of Deeth	3 1 U 3 X	117
T			GREATER BALTIMORE	T MEDICAL CE	מישיינוני			73 7 m	TWODE		<b>m</b> o			
	Funeral		5. Social Sacurity Number 6.	Sax 7. Age (	In yrs. lest bin		nder 1 Yea		24 Hrs. 8	Dete of Birth (Month, Day,	Your	9. Births	place (Steta or	Foreign
0	Director		578-34-6339	1□ M 2□XF	36	Yrs. Mont	ths Days	s Hours	Min.	ept. 9	· our	Mary	my/	
	D		Usual Residence of Decedent							cpt. 7	1707	riury	Lana	
	ylen		10e. Stete 10b. County	1	Oc. City, Town	n or Location						1	0d. Inside Cit	y Limits
	W T	ţ	Maryland Balt	imore	Tot	vson							↑ Yes	2□No
	1 the	Director	10e. Street and Number			10f.	. Zip Coda			10	g. Citizen of V	Vhat Cour	ntry?	
	Mit with		0/15 Pallana Tam	a A=+ 510		2	1204-	2055			U.S.A			
	Pa 2	era	8415 Bellona Lan	12. Was Decedent Eve	er in U.S.		~		inin? (Specif	v Vas or No.			an Indien,	
_	72 hours efter death with the Maryland natural, or Nama 23a or 28a-f show dreal Examiner must be notified at	Funeral	1 Nevar Married 2 Married	Armed Forces? 1 ☐ Yas 2 ☑ No	o 0,0.	If Yes,	specify Cu	ban, Mexicar	n, Puerto Ric	y Yas or No- can, etc.)		k, Whita,		
20	es.	by F	3 Widowed 4 Divorced	If Yes, Give Yaar or Detes:		1□ Ye	s 2 🔀 No	Specify:			Specify			
Ş	n 72 hours "netural",		15. Decedent's E		100	Deserverie	I and One	unnation.			05 KI-1-4 B		ite	
21215-0020	n 72 ho "netur	Completed	(Specify only highest gr		Toa.	Giva kind of	f work don	upation e <i>during</i> mos <i>ed)</i>	at of working	1	6b. Kind of Bu	JSIN <b>es</b> S/In	austry	
12	iene. then	E	Elementery/Secondery (0-12)	College (1-4or 5+)			_	60)			Uam arr	hom		
72	71 75 5	ပိ	Unknown 17. Fether's Nema (First, Middle, Last	0		Homem	aker	10 Marks	ada Maria //		Her own		e	
an an	o is p	Be								First, Middle, M		ra)		
K	should be nd Mentai marked o	10	Jacob Henry Wil		-				-	lae Well				
Maryland	0 0 0 0		19e. Informent's Neme/Reletionship	(Type, Pnht)	19b.	Meiling Add	ress (Stree	et end Numbe	er or Rural F	Route Number,	City or Town,	State, Zip	Code)	
	E = 0 F		Dottie Hutton					treet	Wayn	esboro	, Pa. 1	17268		
Dre	of Heall item 2		20e. Method of Disposition 1    Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 3   Disposition 4    Disposition 4    Disposition 4    Dispositio		20b. Plece of cemater	Disposition ( y, crematory	(Neme of or other pi	lece)		Deta 2	Oc. Location -	City or To	own, State	
Ĕ	Peges nent of int: if its iry or o		4 ☐ Donetion 5 ☐ Other (Speci		Rest	Haven	Ceme	tery 2	2-22-9	16 1	Hagerst	OWN	Mary1	and
Baltimore,	- 무료를		21. Signeture of Funaral Sarvice Lica	nsea	res c			ress of Fecilit		nich F		-		and
ä	Depa Impo eny l		SCIXI)	MA	uch	415	E. Wi	1son F		Hager				
	_		23a Part Enter the disease or now	polications that caused th	e death. Do n					-		2101		
			23a. Part1. Entar tha diseese, or com shock, or heart fellure. List only	one ceuse on aach line.	o daam. Don	iot enter the i	mode or dy	ring, such as	Carolec of 1	espiretory ana	51,		Approximete Intervel Betw Onsat and D	reen
	Physician /Medical		Immediate Cause (Final	12 60-	4 45		-00	1	2	0-		1	Orisat and D	Gaut
	Examiner		immediate Ceuse (Finel disease or condition resulting in deeth)	· LONGE	STIVE	= H	さけん	+ H	7120	RE		1		
И		7	resulting in death)	· CONGE	e to (or aa a d	consequence	of):	1,10	_			1		
	rted	Examiner		b. KESPII	(440)	KY ?	141	LUICE	10	1/5				
-	eeth certificate be executed attending physicien and for use es the burial-transit	Exal	Sequentially list conditions, if eny, laeding to immediata cause. Enter Underlying Cause (Disease or injury	COPAN	e to (or as e	onsequence	(a) E1/2	Y D	15 ET	454		1		
68760,	sicle bur		Cause (Diseese or injury thet initieted events	c. (1)	24/1	DV	E	12/2	2					
28	phy s the	edical	resulting In death) Lest	PULME	a so lored a	onsequence	of): /	OR	101			1		
×	ding se es	3		o. LARGE	HI	4+4	L /	1512	NIA	1:100		1		
Bo	deeth o	lan		DEME	NHI	A L	DUE	105	STNI	47				
o.	the de ny the ached	Physician	Pert II. Other significant conditions of	contributing to death but n	ot rasulting in	tha underlylr	ng cause g	ivan in Part I	l.	23b. Did tot	acco use cor	ntribute to	the cause o	f death?
٣.	ta y									1 1 Ye	e 2□No	3 Pro	bably 4 U	Jnknown
S,		b												-
Records,	v requires been sign should be	Completed								24a. Was an perform	autopsy ed?	av	ere autopsy fit eliebla prior to	)
S	aw 2 s	ple										of	mpletion of ca death?	iuse
	0 - 5	E						Abril	11-06	710 Yes	2 2 No	1 [	Yes 2□!	No .
Vita	ician: The certificate rector, pag	Be C	25. Was case referred to medical	GREATE	72 BZ	1)-11	108	26 Place	of Deeth (	Check only one	CBI	1 4	DSDi	FAL
>		0	examiner? 1 ☐ Yes 2 ☑ No	Hospitei:	2 ER/Out	Instignt 3	DOA O	ther:		5 Resider		or (Specif	1	
ō	문 등 등	Ξ	27. Meener of Death	28e. Dete of Injury (Month, Dey Y			28c. Inju			d. Describe how			y)	
6	ding in.	를 달	1 Neturel 5 Pending 2 Accident investigetio		sar) Ir	njury M		onk? ⊒Yes 2.⊟l	No					
18	Attending or death. ector: After by the fune	flca	3 Sulcide 6 Could not b	00 00-01	- At home, fer	m. street. fed	ctory, office		28f	. Location (Stre	eet and Numb	er or Rurs	I Route Numb	oer.
Division	or lefter of Jin b	Certification:	4 Homicide	building, etc. (	Specify)	,	,			City or Town,	State)			
	spits sours neral		29e, Certifier 1 Certifying Ph	ysician: To the best of m	v knowledge.	deeth occur	red et the t	ime, dete en	d plece, end	I due to the cei	use(s) end ma	nner as e	teted	
	24 h 24 h Fur etehy	edical	(Check only 2 Medical Exar	miner: On the basis of ex end menner stated	amination and	Vor Investige	tion, In my	opinion, deel	th occurred	et the time, da	te end piece,	and due to	tha cause(s)	
	To the Hospital or Attanding within 24 hours effer death.  To the Funeral Director: After completely filled in by the fune	Me	29b. Signature and title obcertified	11	11.0		29c. Lican	se number		29	d. Dete signed	(Month	Day, Yearl	
	⊢ s ⊢ ō		tunned !	famed.	1712	·	1	nus.	14	2	119,0	76		
							0	1771	~ /		1/1/1	0		1
			30. Name and address of person who	completed cause of deat	h (Item 23e)	Type Print	TA	PPA	20	-foxs	DN.M	02	1280	0
			OFFI STILL FIF		d	VIL	0 - /	. / /	1-1	/				
	Sta	te	ST-Dete filed (Month, Day Xeer)	32, Registrate	Signature									



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State of Maryland / Department of Health and Mental Hygiene 9 6 0 5 9 3 6

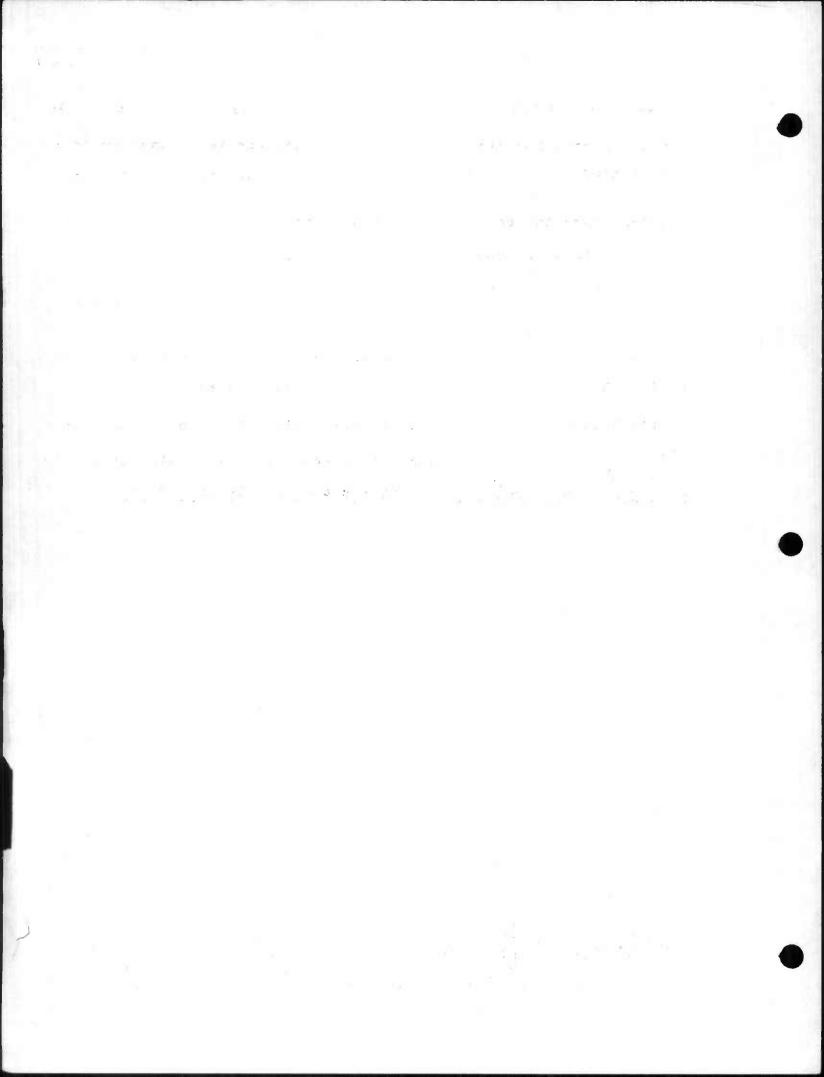
					Ce	rtificate of		Re	g. No.	00	500
ı	Physic		Decedent's Neme (First, Middle, Last     Winifred	n) Ann		Norris		2. Date of Deet Month February		Voor	Time of Deeth 2:05 AM
	/Medi Examir		4a. Facility Neme (If not institution, give Physicians	street and number) Memorial	Hospit		4b. City, Town, or L LaPlata	ocation of Deeth	4c. County	of Deeth	2,00
	Funeral Director		5. Social Security Number  578-42-0406  Usuet Residence of Decedent	7.1.	n yrs. last birthday) 2 Yrs.	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey, Aug. 7	Year) 1933	9. Birthplace Country) Wash	(State or Foreign
	Maryland H show	tor	10a. Stete 10b. County MD Char		oc. City, Town or Lo LaPla						Inside City Limits 1 ☑ Yes 2 ☐ No
	th with the 23a or 28a	Funeral Director	10e. Street end Number 914 Hickory C	ircle		10f. Zip Code 20646		10	Og. Citizen of W	het Country?	
020	be filed within 72 hours after deeth with the Maryland riel Hygiene.  d other than "natural", or flerms 23a or 28a-f show event, the Medical Examiner must be notified at	by	11. Meritel Stetus  1 Never Married 2 🕱 Merried  3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 Yes 28 No If Yes, Give Yeer or Detes:	1	Wes Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☐ No	dispento Origin? (S) en, Mexican, Puerto Specify:	pecify Yes or No- o Rican, etc.)	Bleck	- American I c, White, etc. White	
21215-0020	I within 72 ho iene. • then "netur fre Medical	Completed	15. Decedent's Edu (Specify only highest grad Elamentary/Secondery (0-12) 1 2			dent's Usuel Occup kind of work done DO NOT use retire	pation during most of word d)		U.S. (		
Maryland 2	and Mentel Hygiene.  Is marked other than  aumatic event, tre M	To Be C	17. Fether's Neme (First, Middle, Last) Alfred L. Ashto	n			18. Mother's Nen	ne (First, Middle, M Hornbu	Meiden Sumem	9)	
	rt tr	-	19e. tnforment's Neme/Reletionship (7) LaMotte E. Nor				end Number or Ru				de)
Baltlmore,	Pages 1 e lent of He nt: If item iry or othe		20e. Method of Disposition  12 buriel 2 □ Cremetion 3 □F  4 □ Donetion 5 □ Other (Specify)	Jelliove Itoti Stere	20b. Plece of Dispo cemetery, cre-		ce)		96 Wal	7.	
Balt	permit. Pages Department of F Important: If its any injury or of ones.		AKEHART-ECHOLS FUNERAL I AREHART-ECHOLS FUNERAL I P.O. Box 567 LaPlata, MD							INC.	
	Physiclan		23a. Pert1. Enter the diseese, or compleshock, or heert feilure. List only of	Icetions thet caused the						Ap	proximate ervel Between aset end Death
1	/Medical Examiner		Immediate Cause (Fine) disease or condition resulting In deeth)	Respi	a to (or es a conse	ollogs				3	mi
	and transit	Examiner	Sequentielly list conditions,	End.	1	remal	deseu			1	yr.
68760,	tificate be executed ig physician end es the burial-transit	edical Ex	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	Due	to (or es e consec	quence of):	do vasa		la	5	y
Box (				. Vin i	nsil-c	drabit	. delle	E .		5	yn.
P.0.	that the dended by the se	/ Physician/N	Pert II. Other significant conditions con		_						e cause of death?  by 4 Unknown
of Vital Records,	aw requires is been sign 2 should be	Completed by		Chunic Schuz	Meno	_		24a. Wes ar perform	n autopsy ned?	availat	autopsy tindings ble prior to etion of cause th?
tal B			25. Was case referred to medicat					1 □ Ye		1 🗆 Ye	es 20 No
Ž	5 00	To Be	examiner?	lospitel:	2 ☐ ER/Outpatier	nt 3 DOA Oth	or:	th (Check only one ome 5 - Reside		r (Specify)	
o uc	ding Ph. h. After thi funerai		27. Menner of Deeth 1 ☑Natural 5 ☐ Pending	28a. Dete of Injury (Month, Day Ye	28b. Time o Injury	Wo		28d. Describe ho	w Injury occurre	ed	
Division	To the Hospital or Attending PI within 24 hours after death. To the Funeral Director: After it completely filled in by the funera	Certification:	2 Accident investigetion 3 Suicide 6 Could not be determined	28e. Piece of Injury building, etc. (S	At home, term, ste Specify)		Yes 2 □ No	281. Location (St. City or Town		er or Rural Ro	oute Number,
	Hospit     24 hour     Funeral     letely fille	edical (		stcian: To the bast of m ner: On the basis of exe end manner steted	aminetion end/or In						
	To the within To the	Me	29b. Signeture end tities certifier	vdd.	MO	29c. Licens	se number 1176	29	OZ -		- 4
			30. Name and address of person who co Arthur Wooddy, MD				. Box 430 I	aPlata, Ma	ryland 2	20646	
	Sta	te	31. Dete filed (Month, Dey, Year)		Signature						

, more to be 

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					Cert	tificate of	Death	Re	g. No.		
			Decedent's Neme (First, Middle, Last)				P	2. Dete of Deeth		usa	3. Time of Death
	Physici		Bruce L. Nelson	ì				Month 0.2	Dey 13 19	Yeer 9 9 6	07:34
3	/Medi Examir		4e. Fecility Neme (If not institution, give street an	d number)			4b. City, Town, or Lo		4c. County		0,00
	Exami	ici	Nonth Anundal Has	n:+n1			Clan P		1 2 2	~ A =	undol
	Funnani		North Arundel Hos  5. Sociel Security Number 6. Sex	7. Age (In yrs. les	st birthdev)	If Under 1 Yeer	Glen B If Under 24 Hrs.	8 Date of Birth			undel
	Funeral Director		338-22-4807 XXM 2□		Yrs.	Months Deys	Hours Min.	(Month, Dey,	Year)	Coun	lece (Stete or Foreign try)
_			Usuel Residence of Decedent				IN.	ov. 4,	1930	1110	nois
	and war		10e. Stete 10b. County	10c. City,	Town or Loc	ation				10	Od. inside City Limits
	Vary	0	Maryland Anne Arun	del		Glen B	urnie				1 ☐ Yes 2 ☑ No
	the 28s	Director	10e. Street end Number	acı		10f. Zip Code	d I II I C	10	g. Citizen of W	fhot Coun	tm/2
	with or			C +			21061	10	2411	S.A.	
	23 ath	Funeral	305 Mountain Ridge		140.14	l .		16.34			
	pr d	Š	Arme	Decedent Ever in U,S. d Forces?	. 13. V	Yes, specify Cub	Hispanic Origin? (Spe an, Mexican, Puerto	Rican, etc.)		· Americ k, White, o	
21215-0020	be filed within 72 hours after death with the Maryland stal Hyglene.  d other than "natural", or items 23a or 28a-f show event, the Medical Examera must be motified at	by F	If Yes	∕es Ž∭No s, Give or Detes:	11	☐ Yes 2 🗓 No	Specify:		Specify	Tal b	nite
8.	hou	B			100 Deced	and a Liberta Communication	41	1.	Ob Mind of D		
ή.	-na	Completed	15. Decedent's Education (Specify only highest grade comple	ted)	(Give k	ent's Usual Occup ind of work done O NOT use retire	during most of worki	ng	6b. Kind of Bu	siness/inc	lustry
12	within ene. then	Ę		ge (1-4or 5+)			·		NO 4 /		
	Hygie ther ther		12 + 17. Fether's Neme (First, Middle, Last)		Ar	abic L	inguist 18. Mother's Neme	/First Middle M			ernment)
an	d d d	Be	Fred J. Nelson				Ruth	Wilcox		•/	
2	should be filed ind Mental Hygi marked other umatic event, I	2				*****					
Maryland	C 6 6 6		19e. informent's Neme/Reletionship (Type, Print,				end Number or Rura				
	C = N -		Sallie Nelson	1001 01		Mounta ition (Name of	in Ridge				
more,	Pages 1 a ment of Hear mit if item iry or othe		20e. Method of Disposition  ▼  Buriel 2 □ Cremetion 3 □ Removel f			etory or other ple	ce)	Dete 2	Oc. Location -	City or To	wn, Stete
E	E STEEL	١,	4 ☐ Donation 5 ☐ Other (Specify)	M	eadow	ridge	Mem. Par	k 2-16-	1996	Dors	sey, MD
alt	Department Department Important: any Injury anse		21. Signettire of Funeral Service Lipensee	/		Name end Addre		_			
00	88158		amas V4	Julan	$\frac{1}{4}$	arranc 95 Rit	o & Sons chie Hwy	Funera	ll Hom	rk	MD 21146
	100		Sar Part I Enter the disease, of complications shock, or heart failure. List only one cause	est caused the death.	The state of the s		ng, such es cardiec d			- 10	Approximate
	Physician	1	shook, or heart failure. List only one cause	on each line.		_	,			i	Interval Between Onset and Deeth
7	/Medical	1	Immediate Cause (Final disease or condition resulting in death)	Henst	7	FRA	TALLO				MARIA
	Examiner		resulting in death) a.	Duoto to	es e consequ	2000	volue !	,			genry
		165		Circh	) F / C		'lure the	Lives	-	1	years
	petra p	Examine	Seminatially list conditions	Due to for a	es e consequ	ence of):	102			1	T -
ŕ	be executed ician and burial-transit	Ex	Sequentially list conditions, if any, leading to immediate cause. Enter linderlying	Dhell?	3 4-0 2	once on.					dans
68760,		edical	cause. Enter Underlying Cause (Disease or injury that initiated events	Duo to for a	974	anna of):					arys
68	ertiticate ing phys e as the	P	resulting in death) Last	0 10) 01 600	s e consequ	erice or).					
ŏ	0 88	2	d								
ň	1 最为	Physician						1			
o	res that the de igned by the a be detached t	ıysı	Pert if. Other significant conditions contributing	to death but not result	ing in the und	derlying cause gl	ven in Pert i.	23b. Did tob			the cause of death?
<u>a</u>	ed by deta							1 X Yo	2 □ No	3 Prob	ably 4 Unknown
ecords,	law requires that as been signed b 2 should be deta	d by						04-144	Contract.	0.4h 18/a	ere autopsy findings
0	v require been sig should t	etec						24e. Wes an perform	autopsy ed?	ava	alieble prior to
ec	has t	Completed								of o	death?
<u> </u>	The ate	Co						1 ☐ Yes	2 No	1 🗆	Yes 2 No
Vita	delan: The certificate rector, pag	Be	25. Wes case referred to medical exemmer?				26. Plece of Deeth	(Check only one	)		
	Attending Physician: 7 st death. ector: After this certifica by the funeral director, p	9	- Hospital	I ☐ inpatient 2  EI	R/Outpatient	3□ DOA Ot	ner: 4 Nursing Ho	me 5□ Resider	ice 6 Othe	er (Specify	)
Division of	D 55	ü	27. Månner of Deeth 1 (XNaturei 5 ☐ Pending (	ete of Injury Month, Dey Year)	8b. Time of Injury	28c. inju Wo	ry et rk?	28d. Describe hov	v injury occurr	ed	
0	il or Attendir after death. I Director: Af d in by the fu	atic	2 Accident investigetion				Yes 2□No				
5	er de	tific	3 Suicide 8 Could not be determined 28e. F	lace of injury - At hom uilding, etc. (Specify)	e, ferm, stree	et, fectory, office		28f. Location (Stre		er or Rura	l Route Number,
5	s aft a S aft be in	Certification:		anding, oto. (opeony)				ony or roun,	0.0.07		
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b		29e. Certifier 1 Certifying Physician: To	the best of my knowle	edge, deeth	occurred et the ti	me, dete end piece,	end due to the cau	use(s) and me	nner as st	eted.
	n 24 n 24 n 24 plete	edical		ne basis of examinetio menner steted.	n end/or inve	estigation, in my o	opinion, deeth occurr	ed et the time, dat	e end plece, a	and due to	the cause(s)
	withi To the	Σ	29b. Signature end title of certifier	M		29c. Licens	se number	29	d. Dete signed	(Month,	Dey, Year)
			Inloser on A	My al	~		1389	1/2	2/1	3/9	76
			30. Name end address of person who completed	eause of death (item 2	(3a) (Type P	rint)	0 10		( (	1	~
			1720 Cvain H	shun.	Prile	204	- Gren	- Buri	No	LU!	21061
	Sta	te	31. Dete filed (Month, Day, Year)	2 Registrer's Signatur	V - L						
	Registr		31. Dete filed (Month, Day, Year) FEB 21 1996	an dayser	Carlett						



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY CLINEDAL DIDECTOR	O BE COMBIETED BY DUVEICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Depti, of Health and Mental Hygiene prior to burial, cremation, or removal.
s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
er death. Page 6 may be retained by the hospital or attending physician.	TO THE MOSPITAL DR ATTENDIMG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	JOHN J.			NOLAN		FEBRUARY		1:00 A M
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTH	PLACE (State or Foreign
	516-46-1625		6 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 16, 1	920 Mon	tana
Œ	THE JOHNS HOPKIN				ORE CITY		J. 0001111 01 01	- All
DIRECTOR	RESIDENCE OF DECEDENT	ND MODE ZEE						
1	10s. STATE 10b. COUNTY			Y, TOWN OR LOCA	NOIT			10d. INSIDE CITY LIMITS?
	Maryland Anne	e Arundel	An	napolis				1 YES 2 NO
¥	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF W	
FUNERAL	1911 Old Annapolis	s Blvd.			21401		United S	states
ا ۾		2. WAS DECEDENT EVER IN FORCES? 1 - YES	U.S. ARMED			IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14. RACE	- American Indien, Whits, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	TES		2 NO Specifi		Speci	ly:
		1939-1968						asian
1	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)		WORK done during me		16b. KIND OF BUS	SINESS/INDUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)		r/Engine	or	U.S. N	01111	100
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	5+l	OTITICE	r/Engrne		ME (First, Middle, Maiden		
	John Joseph Nolan					ine Giovan		
BE	19a. INFORMANT'S NAME (Type/Print)		10h MAR IN	ADDRESS /Com at		Route Number, City or Tow		
2	Hazel M. Nolan	(wife)				d. Annapol		land 21/01
	20a. METHOD OF DISPOSITION			OF DISPOSITION IN			CATION - City or To	
	1 Burisi 2X Cremation 3 Remove 4 Donation 5 Other (Specify)	tem State ceme	etery, crematory or o	other place!		1		
	21. SIGNATURE OF STRIAL SERVY LICEN		Linco		tory 2-2		ntwood, l	Maryland
	1/2/	///	1/				Home, Inc	c. 147 Duke
	11000	1 100	/	of G1	oucester	St. Annap	olis. Md	21401
	23. PART i. Enter the diseases, be of shock, or heart fellure. Lie	npilcetions that caused	the death. Do	not enter the me	da of dying, auc	h aa cardiac or reapi	iratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	_						Onset and Death
	disease or condition resulting in death)	RESPINA A	KSOFF	FAIL	RE.			2 Hours
z	Conventally that another b.	BRAIN DUE TO (OR AS A	HERI	VIATIO	1			2 DAYS
티	Sequentially list conditions, if any, leading to immediate							
CERTIFICATION	CAUSE (Disease or Injury	DUE TO (OR AS A	MICS	mau	CEUL L	ung ca	NCER	2 months
Ë	that initiated events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE	r):				
問	d							-
AL (	PART II. Other aignificant conditions	contributing to death bu	it not resulting	in the underlyin	g cause given in			WERE AUTOPSY FINDINGS
3						PERFOR		AWILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
빌							1	1 YES 2 NO
-	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	F DEATH Y	ES NO [	UNCERTAIL	NA		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEA	ATH (Check only one				
Sic		HOSPITAL:	Itlent 3 🗆 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)		
Ŧ	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. Til	ME OF 28c. IN	JURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
	1 Netural 5 Pending Investigation	(Month, Day, Year)	IN		YES 2 NO			
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	— At home, ferm,	street, factory, offi	:8	281. LOCATION (Street		Route Number,
Ĕ	4 Nomicide determined	building, stc. (Speci	πy)			City or Town, State)	•	
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	edge death com-	rad at the time of the	and place and di-	to the councils and an	nner se stated	
MP								and menner as stated.
2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the control of t								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	(100)			29c. LICENSE NUI	WEEK STO	29d. DATE SIGNED	
임	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Fm	n. Print)	NCC	>//	Fesam	
	DAVIDE. KANDZA	RIMD TO	wisch	DJOHN	s Hapkins	5 HOSPITAL	BALTIM	NEWD S
	31. DATE FILED (Month, Day, Year)							
- 1	FEB 22 1991	6 Jahr Mars	an harda	4				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIENE		
į	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	Y YEAR	3. TIME OF DEATN
	RANDV	TYRON			02 0		6 <sup>tt</sup> 55 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	MC MC	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	(Month, Day, Year)	Coun	**
	577-96-6393  90. FACILITY NAME (If not institution, give s		29	. CITY, TOWN OR LOCATION OF	07/08/66		SHINGTON, DC
B	FORT WASHINGTON					9c. COUNTY OF	DEATN
CT	RESIDENCE OF DECEDENT			FORT WASHINGT	ON	PG	
DIRECTOR	10e. STATE 10b. COUNTY			DWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MD 10e. STREET AND NUMBER	PG	FORT	WASHINGTON 101, ZIP CODE		10. CITIZEN OF	1X YES 2 □ NO WHAT COUNTRY?
FUNERAL	9616 WEDGEWOOD PL	ACE		20744			WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF NISP	ANIC ORIGIN? (Specify Yes	usa or No = 14. RAC	CE - American Indian,
ВУ Р	1 🔀 Never Married 2 🗌 Merried 3 🗍 Widowed 4 🗎 Divorced	FORCES? 1 YES		If yes, specify Cuben, Mexi		Spe	ck, White, etc.
	15. DECEDENT'S EDUC	CATION	16e. DECEDENT'S US	IAL OCCUPATION	16b. KIND OF BUSI		BLACK
ETE	(Specify only highest grade Elementary/Specondary (0-12)	completed)		done during most of working	166. KIND OF BUSI	NESS/INDUSTRY	
APL	12	College (1-4 or 5+)	MANAGEME	ENT ANALYST	FEDERAL	GOVERNI	(ENT
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				NAME (First, Middle, Meiden S		1011
BE	GERALD B. NELSON				Y ANN LEE		
2	19e. INFORMANT'S NAME (Type/Print)			DRESS (Street end Number or Run			
	BEVERLY A. MONTAGE			DGEWOOD PL.,			
	1 Suriet 2 Cremetion 3 Remo	oval from State cem	PLACE AND DATE OF E	place)		ATION - City or 1	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSE	ARMONI MER	22. NAME AND ADDRESS OF			MD
	(XUASYDA	May Also		ROBERT G. MAS		HOME	
	23. PART I. Enter the diseases, or o	amplications that shused	I the deeth. Do not	1661 GOOD HOP enter the mode of dying, su	E ROAD, SE	atory arrest.	Approximate
	shock, or heart failure. I IMMEDIATE CAUSE (Final	List only one cause on e	ech line.				Interval Between Onset and Death
	disease or condition	CARDIAC	ARREST				
	Salar diagram		CONSEQUENCE OF);				
ON	Sequentially list conditions,	b. AIDS	CONSEQUENCE OF:				
E	If any, leading to immediate cause. Entar UNDERLYING	DOE TO TON AS A	CONSEQUENCE OF):				
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST	d					
AL C	PART ii. Other algnificant condition	a contributing to deeth be	ut not resulting in t	he underlying cause given i	n Part I. 24e. WAS AN A	UTOPSY 24	b. WERE AUTOPSY FINDINGS
ICA					PERFORM	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED					1 [ YES 2]	2 40	OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF	F DEATH YES	□ NO □ UNCERTA	IN 🗆		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATN (	Check only one)			
İYSİ	1 TYES 2 X NO  27. MANNER OF DEATN	1 Xinpatient 2 ER/Outpu	etient 3 DOA 4	Nursing Home 5 - Reeldence			
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME O	F 26c. INJURY AT WORK?  M 1 YES 2 NO	26d. DEŞCRIBE HOW IN	JURY OCCURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY	— At home, ferm, stree		26f. LOCATION (Street en	od Number or Burel	Boute Number
	4 Homicide 8 Could not be	building, atc. (Speci	ffy)		City or Town, State)		, south trained,
2E	29e. CERTIFIER 1 CERTIFYING PNYSH	CIAN: To the best of my knowl	edge, death occurred a	the time, date end place, end do	ue to the cause(s) and mann	or on stated	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the beels of examination	end/or investigation, in	n my opinion, death occured at th	ne time, date end place, end	due to the ceuse(	e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		105	29c. LICENSE N			D (Morith, Day, Year)
TO BE	otie	5	- IN	0-462		▶ 2/7/	
Ĕ	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, Prin	-11			
	DR. FITZGERAID  31. DATE FILED (Month, Day, Year)	BIRMINGHAM	5100 A	" HUMANA GR UTH WAY SUI	TLAND MD	20746	
	FEB 1 4 1996	32 REGISTRAR'S SIGNA	reald				
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Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

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29b. SIGNATURE AND TITLE OF CERTIFIER

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œ	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 96 **CHUKWUMA** Μ. **OFOEGBU** FEB. 12:38 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtnday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign (Month, Day, Year, AUG. 23 DAYS HOURS MIN. NIGERIA 1 🖳 M 2 🗌 F 218-45-6998 YRS. 26 1969 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGE HOSPITAL PRINCE GEORGE CHEVERLY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY HYATTSVILLE PRINCE GEORGE 1X YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2502 QUEEN CHAPEL ROAD 20782 NIGERIA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 Never Married 2 Married Specify: BLACK ВУ 1 YES 2 X NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 8 +) TEMP SERVICE TELESEC STAFFING SERVICES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EUGENE OFOEGBU TERESA OFOEGBU BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CYOIGCVS OFOEGBU-BROTHER 2502 QUEENS CHAPEL ROAD, HYATTSVILLE, MD 20782 20a METHOD OF DISPOSITION

1 Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) FEB/23/96 FAMILY CEMETERY LAGOS, NIGERIA 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY W.H. BACON FUNERAL HOME INC. 276 3447 14TH STREET, N.W. WASH, D.C. 20010 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Fine) Onest and Death** disease or condition Shu5 Wound resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSPOUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 X YES 2 NO 1 XYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DUNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: L YES 2 NO ig Nome 5 - Residence 5 - Other (Specify) 280. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 96 1 Netural 1154M Stabbel BY Subject Investigation 2 Accident 28e. PLACE OF INJURY — At home, larm, street, lectory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Nu ETED. 8 Could not be

1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) POWLE lenn 32. HEGISTRAR'S SIGNATURE FEB 13 1996

2 😾 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated.

29c. LICENSE NUMBER

20 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end manner as stated.

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29d. DATE SIGNED (Month, Day, Year)

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3. TIME OF DEATH

2. DATE OF DEATH MONTH DAY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) (Jose Luis Ortiz, Sr.)

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t. Pages 1,	DIRECTOR	N/A N/A			ey, Pu	on erto Ric	0		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
nsit perm	UNERAL	100. STREET AND NUMBER 173 Texidor Street				ZIP CODE		U.S.A.	DF WHAT COUNTRY?			
as the burial-transit permit. Pages	BY FUN	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? t \subseteq YES IF YES, OIVE WAR OR DATE	2 X NO	If yes, sp				ACE - American Indian, Black, White, atc.			
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5 should be detached for use notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Antonio Ortiz		CIEIK			ME (First, Middle, Melde Marrero		Lore			
	TO BE	19a. INFORMANT'S NAME (Type/Print)  Jose Luis Ortiz, J	r.				Poute Number, City or To					
irector, page		20e. METHOD OF DISPOSITION 1	al from State cemete	LACEANDDATE OF D ery, crematory or other 1. de La (	Capita]	L 1/22/1	996 Rio	ocation – city o	r Town, State s, Puerto Rico			
he funeral director, i al.		21. SIONATURE OF FUNERAL SERVICE LIGHT	ree Gas	reh	Franc		s Sons Fi		ome, P.A. e, MD 20781			
completely filled in by the ial, cremation, or removal.		23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on eec	th line.					Approximate Interval Between Onset and Death			
on signed by the attending physician and completely filled of Health and Mental Hygiene prior to burial, cremation, hows any Injury, or other traumatic event, the	CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Acute myo Cardual in farchin lodging  Due to (or as a consequence of):  Rebor pers to need to (D9 roin)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
signed by the att Health and Menta ows any Injury,	EDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED?  1 XYES 2 \( \triangle \text{ NO} \)										
	IAN: M	DID TOBACCO USE CONTR	26	DEATH YES		UNCERTAI	V 🗆		1X YES 2 NO			
certificate has the State Dept. or Item 23	PHYSICIAN		HOSPITAL:    Xopetiant 2   ER/Outpeti		F 28c. INJ	Ne 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	0			
THE FLOATING OF THE LEADING THE CONTROL OF THE CONT	ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, etc. (Specify	- At home, farm, stree	M 1 🗆	YES 2 NO	281. LOCATION (Stree City or Town, Stat		iral Route Number,			
NERAL DIRECTION 72 HOURS	COMPLET	deal .	AN: To the best of my knowled. On the besis of examination of						se(e) and menner ee atated.			
TO THE FUNER be filed within IMPORTANT:	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO				29c. LICENSE NUI		29d. DATE SIG	NED (Month, Day, Year)			
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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96 05942 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Leroy J Pinkett Jr. February 13 1996 1204 2.15-38-0896 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 | M 2 HOURS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Kent & Queen Anne's Co. Hospital Inc Chestertown Rent RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION R. TO W W 10a STATE 10d. INSIDE CITY 1 TES 2 NO 101. ZIP CODE 2/620 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 23702 U, S, A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES Specify: 11. MARITAL STATUS 14. RACE — American Indian. Black, White, etc. 1 Never Married 2 Married BLACK 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) MECHANIC 17. FATHER'S NAME (First, Middle, VIO S METHOD OF DISPOSITION
Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of remetery, constorer other facel ou & Donallon 5 - Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 23. PART I. Enler the diseases, or complications that caused the death. Do not enter the mode Approximate Interval Between Onset and Death ahock, or heert fellure. List only one cause on each line IMMEDIATE CAUSE (Final diseese or condition resulting in death) Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST PART II. Other algrificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE 1 - YES 2 NO OF DEATH? 1 | YES 2 | NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO INCERTAIN X 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)

HOSPITAL:
1X Inpetient 2 - ER/Outpetient 3 - DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 28a. DATE OF INJURY (Month, Day, Year)

28c. INJURY AT WORK?

28d. DESCRIBE HOW INJURY OCCURED

1 YES 2 NO 26s. PLACE OF INJURY — Al home, farm, street, lactory, offica building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

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0.	NAME AND	ADDRE	SS OF	PERSON	WHO	COMPL	ETED	CAUSE	OF	DEATH	(1

5 Pending Investigation

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29d. DATE SIGNED (Month, Day, Year) 2.14-96

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27. MANNER OF DEATH

1 Natural
2 Accident

3 Suicide

4 Homicide

32. REGISTRAR'S SIGNATURE Julia Davidson-Randell

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifiled at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 9:140 February 9, James Edward Pritchett 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 212-16-7291 August 10, 1 XM 2 - F 85 1910 Maryland 9a. FACILITY NAME (If not institution, give street 9c. COUNTY OF DEATH Db. CITY, TOWN OR LOCATION OF DEATH 2124 Pondtown Road (AT HOME) Chestertown Queen Annes DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Queen Annes Chestertown 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2124 Pondtown Road 21620 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 164. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done ife. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Dairy Farming Agricultural 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew Pritchett Mary L. Barnes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ida Pritchett 2124 Pondtown Road, Chestertown, Maryland 21620 20 METHOD OF DISPOSITION
1 ABuriel 2 Cremation 3 Removal from Sta
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Pleasant Cenetery/February 17, 1996 Pondtown, Maryland 22. NAME AND ADDRESS OF FACILITY RELICONS, Helfenbein, & Newnam Funeral Home, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 130 Speer Road, Chestertown, Maryland 21620 William L. King. Ar./Director 23. PART I. Enter the diseases, or complications that ceuse the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abook, or heart failure. List only one cause of each line. Approximata Interval Batween Onset and Daath **IMMEDIATE CAUSE (Final** disease or condition\_ CENTRAME METHICIONA reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINOINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN I PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO HOSPITAL . Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO BY Accident 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. BIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 1-138-24 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

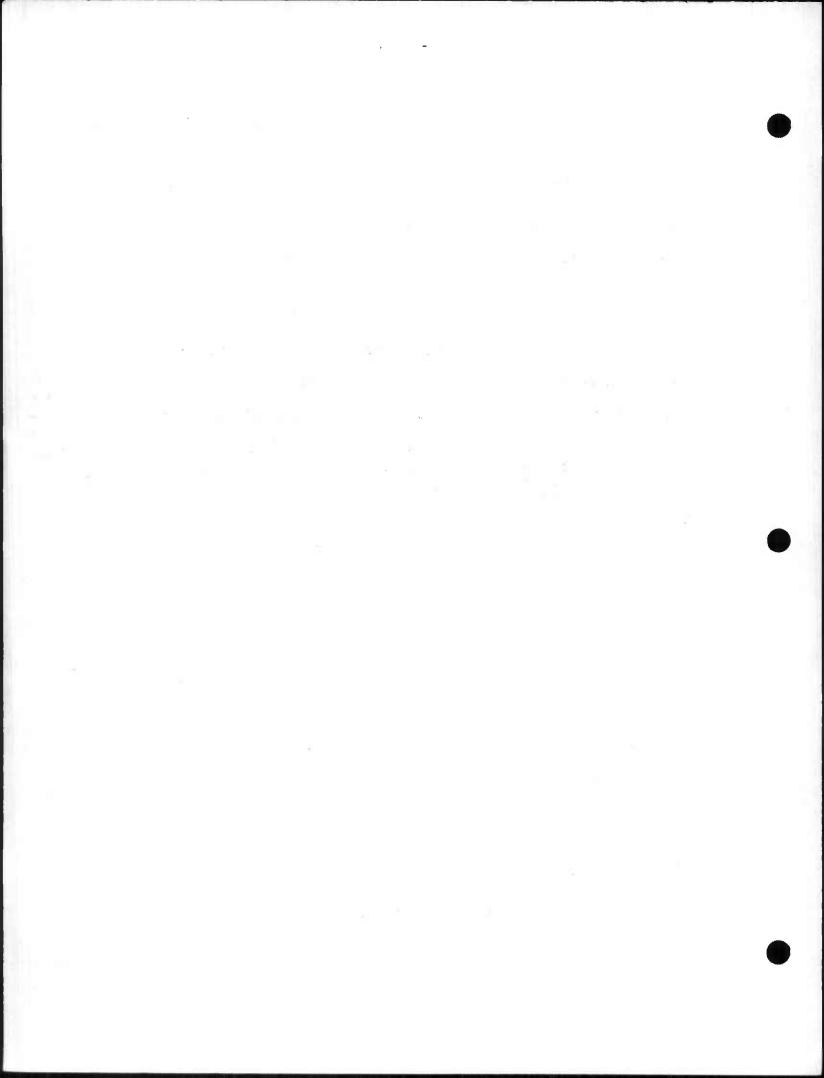
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32. REGISTRAR'S SIGNATURE

Julia Savidson-Rando 00

31. DATE FILED (Month, Day, Year)

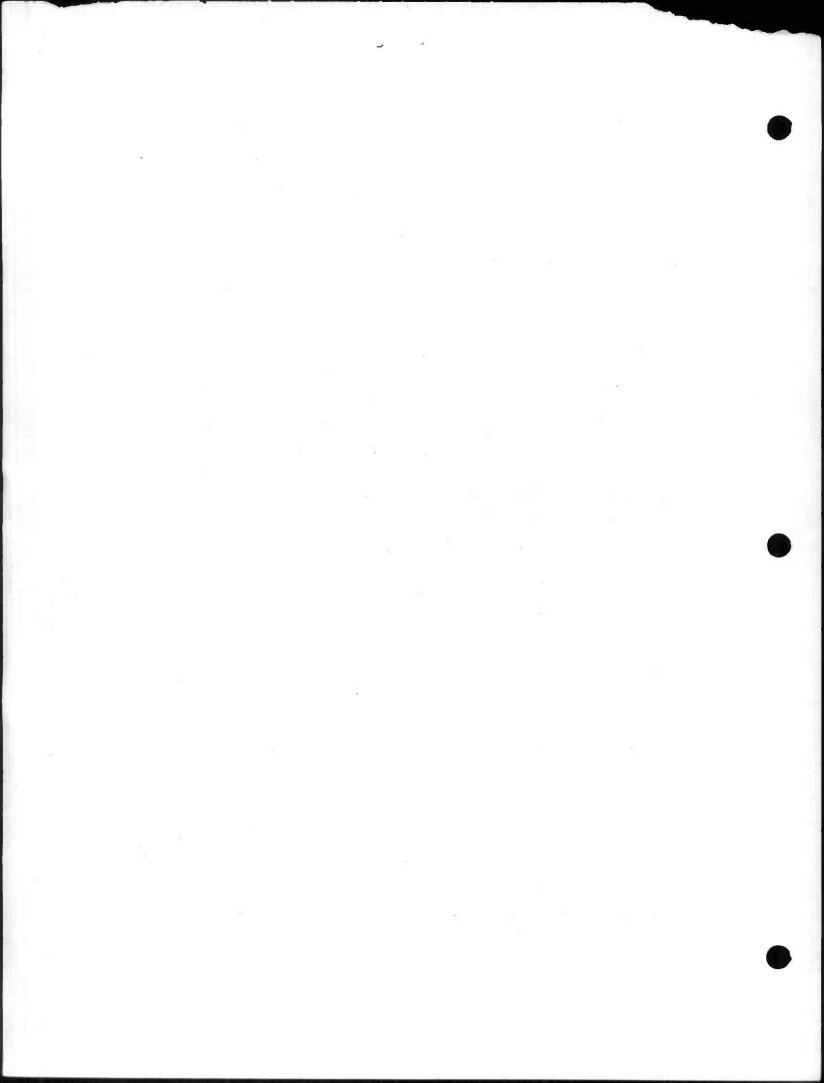


TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	SIATE OF MARY			OF DEAT		MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Les	t)			·		2. DATE OF DEATH			3. TIME OF DEATH A
Sara	Margai	ret	Par	k		February 2	19	96	9:18 M
4. SOCIAL SECURITY NUMBER 195-07-3049		E (In yrs. lest birthday)		EAR IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH DEC 12, 191	2	0. BIRTH	PLACE (State or Foreign ny) a, Pennsylvania
90. FACILITY NAME (II not institution, given The Kent and Que		spital		hester		EATN		ent	DEATH
RESIDENCE OF DECEDENT									
Maryland Kent			nester:						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CI	TIZEN OF V	WHAT COUNTRY?
100 Hadaway Drive,	100 Hadaway Drive, Apt. 3D, Chestertown, Mary						Uni	ited	States
11. MARITAL STATUS  1 Nover Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 1 NO	If y		m, Mexice	HC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No-	14. RACI Black Spec	E — American Indian, k, White, etc.
15. DECEDENT'S E		16e. DECEDENT	S USUAL OCCU	JPATION		16b. KIND OF BUS	SINESS/IN	IOUSTRY	
(Specify only highest green (0-12)	College (1-4 or 5+)	Ilfe. Do NOT	work done dun use retired.) Keeper	ng most of worki	ng	Dry Cl	leani	ing	
17. FATHER'S NAME (First, Middle, Last)			F					-	
Dave Vogel						ME (First, Middle, Meiden E. Weaver	Surname)		
196. INFORMANT'S NAME (Type/Print) Blaine McDanald		The state of the state of the state of				Route Number, City or Tow Chestertown,			21620
204, METHOD OF DISPOSITION		Ob. PLACE AND DATE			,			- City or To	
1 XBuriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	in a set from Chart.				tery	2/7/96 Hur			
21. SIGNATURE OF FUNERAL SERVICE	HILLOUIS		Fell		fenbei	cium in & Newnam F zland 21.620		1 Hom	es, P.A.
23. PART I. Enter the diseases, o	r complications that ceur	ed the death. Do						rrest.	Approximate
shock, of heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Renal	S A CONSEQUENCE	re		1	4			Interval Between Onset and Daeth
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Person	S A CONSEQUENCE OF A CONSEQUENCE OF	abo	lomn	n	Us Cu	1	alce.	17 day
PART II Other significant conditions of the significant conditions		but not resulting			given in	Part I. 24a. WAS AN PERFOR	RMED?	245	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
			()						1 TES 2 NO
DID TOBACCO USE CON	ITRIBUTE TO CAUSE			7	CERTAI	N 🗆			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DE		y one)					
1 TYES 2 NO	1 inpatient 2 ER/O	utpetient 3 🗆 DOA	OTHER:	g Home 5 🗆 R	esidence	6 Other (Specify)			
27. MANNER OF DEATH  1 Sturel 5 Pending	28e. DATE OF INJUR (Month, Day, Yea		NJURY	oc. INJURY AT WORK?	□ NO	28d. DESCRIBE HOW I	INJURY O	CCURED	
2 Accident investigation 3 Suicide 6 Could not I 4 Nomicide determined	28e. PLACE OF INJU	IRY — At home, ferm				261. LOCATION (Street City or Town, State)	end Numb	er or Rural	Route Number,
				:					
2001	YSICIAN: To the beet of my kn INER: On the besis of exemina								s) end manner es stated.
296. SIGNATURE AND TITLE OF CERTIF					ENSE NUI			TE SUGNED	-
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Tor	oe. Print's	JU.	160	100		2/2	2/96
above DO	Sinjam.	in M. a	2 (	hes	kr	pwn/	nd	- 2	05915
31. DATE FILED (Month, Day, Year) FEB 5	196 JEGISTRAR'S SI		~ Pande	22					



### Please Type or Print in Black Indeiible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	of D	eath			Reg. No.			
			1. Decedent's Nama (First, Midd	lia, Last)							2. Dete of De			3. Time of	Death
	Physic		Casimir John	PISZ							Februa	ru 9	1996	03:	56 AI
7	/Medi Exami		4e. Facility Nama (If not institution	on, give street and no	umber)			4b	. City, To	wn, or Lo	cation of Deet	-			
	LAUIIII		Washington Co	unty Host	ital				Hage	ersto	own	Was	hingt	on	
	Funeral		5. Social Security Number	6. Sex		s. last birthday)	If Under 1 Y	Yeer	If Under						r Foreign
	Funeral Director		215-40-6867	11☑ M 2□ F	53		Months D	ays	Hours	Min.	8. Dete of Bir (Month, Da		Coun	leca (Stata o	
-			Usual Rasidance of Decedant								sept.	14, 19	# Z M	arylan	id
	lend *		10a. State 10b. County	/	10c. C	City, Town or Le	ocation						1	0d. Inside Cit	ty Limits
	day	ō	Maryland Wash	ington		На	gersto	wn						1- Yes	2 🗆 No
	289	20	10e. Street and Number				10f. Zip Co					10g. Citizan of	What Caus	in/2	
	within 72 hours effer deeth with the Marylend ens. than "neturel", or frems 23s or 28s-f show the Macical Experient must be notified at	Funeral Directo	Room 334, Ver	ice Inn.	431 Du	al Hich		Ma	4	21740	)	rog. Citizari Or	USA	шуг	
	8 23	rai										44.5		P 41	
	Maria Maria	Š	11. Maritai Status	Armed F		U,S. 13.	Wes Decedent If Yes, specify	t of His Cuben	penic Ori , Mexicei	gin? (Spe n, Puarto	ecity Yes or No Rican, atc.)		ce - America ck, Whita, a		
1	8 6	by F	1 Navar Married 2 Mai	If Yas, G			1 ☐ Yas 2 🔀	No	Specify:			Specif	v: wh	ite	
3	Je in in in in in in in in in in in in in	d b	3 ☐ Widowad 4 ☐ Divorce	Year or l	Datas:								,		
21213-0020	727	Completed		nt's Education est grada compiated	)	(Give	dant's Usual O	dona du	ion <i>rina m</i> os	t of worki	na	16b. Kind of B	usinass/ind	lustry	
į	within ena. then	5	Elamantary/Secondary (0-12)	1	(1-4or 5+)	lifa.	DO NOT usa r	retired)							
e	Hygiena. Hygiena. other than	ုင္ပ	12	0		we	ight m	aste	er			wire	manu	factur	rer
	al Hygie other	Be	17. Fathar's Nama (First, Middle	Last)				1	8. Moths	ar's Nama	(First, Middla	Maidan Sumar	na)		
3	should by the Menta	To	Stanley Ignativ	s Pisz					Ros	se Jo	sephin	e Wojci	echow	ski	
	z should be to and Mental His marked of reumatic eve		19e. Informant's Name/Ralation	ship (Typa, Print)		19b. Maili	ng Address (S	treet an	d Numb	er or Rura	al Routa Numb	er, City or Town	, State, Zip	Coda)	
	and 2 : ealth ar n 27 is er treu		Rose Pisz			431 D	ual Hi	ghwa	ay, l	Room	334, H	agersto	wn, M	d. 217	40
	ー・デー		20e. Mathod of Disposition		20b.	Placa of Dispo	osition (Name	of			Defe	20c. Location			
,			1 ☑ Bunal 2 ☐ Cramation		Steta		matory or otha			2 _ 1	L3-96	Baltim	oro M	0 227 1 02	
	in the contract of the contrac		4 Donation 5 Othar (								13-90	Daitim	ore,m	alylai	Id
	permit. Page Department of Important: If any injury or once.		21. Signatura of Funaral Sarvice	Licensaa	e		2. Nama and A IINNICH				/F				
	20 = e a		OCXX	Mhi	neuch							town, M	arvla	nd 217	7/10
Ť			23a. Part1. Enter tha disaasa, o shock, or haart failure. Lis	r complications that	caused tha dea	ath. Do not an	ter tha moda o	f dying,	such as	cardiac c	or respiratory a	rrest,	aryia	Approximate Interval Baty	a
F	hysician		onoth, or near tenero. Elo				1.				1.		1	Onset end	Deeth
	/Medical		Immediete Causa (Final	Co	n 4.85	-11v4	He	av	1	F	91/11	~ P		a L.	
	Examiner	ы	disaasa or condition rasulting in daath)	a	11923	/		-	_		( )		1	1 710	)uv (
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	ned insit	Ē		b. 11-C		1 9	1146	1		_				- / (	MIP
	enimose be executed ling physician and se as the burial-transit	Examiner	Sequentially list conditions, if any, laading to immadiata		Dua to	(or as a consa	quence or):						1		
	Siciai		causa, Entar Undarlying Causa (Disaesa or Injury that initiated avants	c				_							
	phy the	Medicai	rasulting in daath) Last		Dua to	or as a consec	quance of):								
	E 0 0			d									1		
	attendin for use	Physician													
	requires triet the death been signed by the atter hould be dateched for t	/sic	Pert ii. Other significant conditi	one contributing to o	death but not ra	sulting In tha u	indarlying caus	se giver	in Part I		23b. Dld	tobacco use co	intributa to	the cause o	of death
	d by atec	Ph	Metastat	i Reu	291	C-11	CAL	-00	120		1 🗆	Yes 2000	3 Prob	abty 4 🗆	Unknow
	signed b	by	71(19)191	/ (	( • )	16.1	CPI		10.0	a					
	pinous should	Completed										an autopsy rmed?		re autopsy fi	
	2 sh	ple											COL	npletion of ci	Busa
	2 2 8	E									10	Yas 2 No	15	Yas 2	No
		ပိ	25. Was case refarred to medical	d			_		00 Di	1 m		/		JTAS ZU	NO
	this certific	o Be	axaminer?	Hospital: X				Othar			(Check only o				
	this aldi	-	1 ☐ Yes 2 No  27. Mangar of Death	28a. Date		ER/Outpatie	-		4 LI NI			dance 8 Oth		)	
		Certification:	1 Neturel 5 ☐ Pandii	ng (Moi	nth, Day Year)	28b. Tima o Injury		Injury a Work?			280. Describe	now injury occur	Ted		
	r death. ector: Afte by the fune	cat	2 Accidant invast 3 Suicida 6 Could	-			М	1 ∐ Ya	as 2 🗆	No		A AMOUNT AND A AMO			
	efter deati	=======================================	3 ☐ Suicida 6 ☐ Could 4 ☐ Homicida datam	ninad 288. Plac	a of Injury - At I ling, atc. (Spec		reat, factory, of	ffice		1	281. Location ( City or To	Straat and Numi vn, Stata)	ber or Rura	Routa Numi	ber,
	within 24 hours effer deat To the Funeral Director: completely filled in by the	Cer			724 0 1 194	,									
	24 hours Funeral etely filled	cai	29a. Cartifiar 1 Certifyii	ng Physician: To the	e bast of my kn	owledga, daat	h occurred at th	he tima	, dete an	d pieca, a	and dua to tha	causa(s) and m	annar as st	ated.	
:	n 24 ne Fr	edicai	one) 2 Medical	Examinar: On that and man	pasis of axamin nnar stated.	ation and/or in	vastigation, in	my opii	nion, dea	th occurr	ed et tha tima,	data and place,	and dua to	tha causa(s)	)
- 1	within 2 To the	Σ	29b. Signeture and titla of contine	ir .			29c. LI	lcansa i	number			29d. Data signe	d (Month, I	Day, Year)	
			L'Unile	2	* 22.2	^	1	46	22	31	1	- ebrua.	-19	1401	1_
1			20 Normand at 1	4 00	7 :47.	U .	2	. 6					/ 1	174	
			30. Name end eddress of person	37 h	sa or deeth (Ita	m 23a) (Type,	Print)	12	0 -	Λ :- <i>'</i>	1	$\sim$	\ _(/		
			D. Lac	JIU N		SIFE	e1	14	09	415	TUW	n	101		
	Sta		LER 1 9 100C	dl: R	gistrar	ture			l						
	Registi	ar	LED I W 1990	June to the	Acres and a	- Series									

and the second second

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

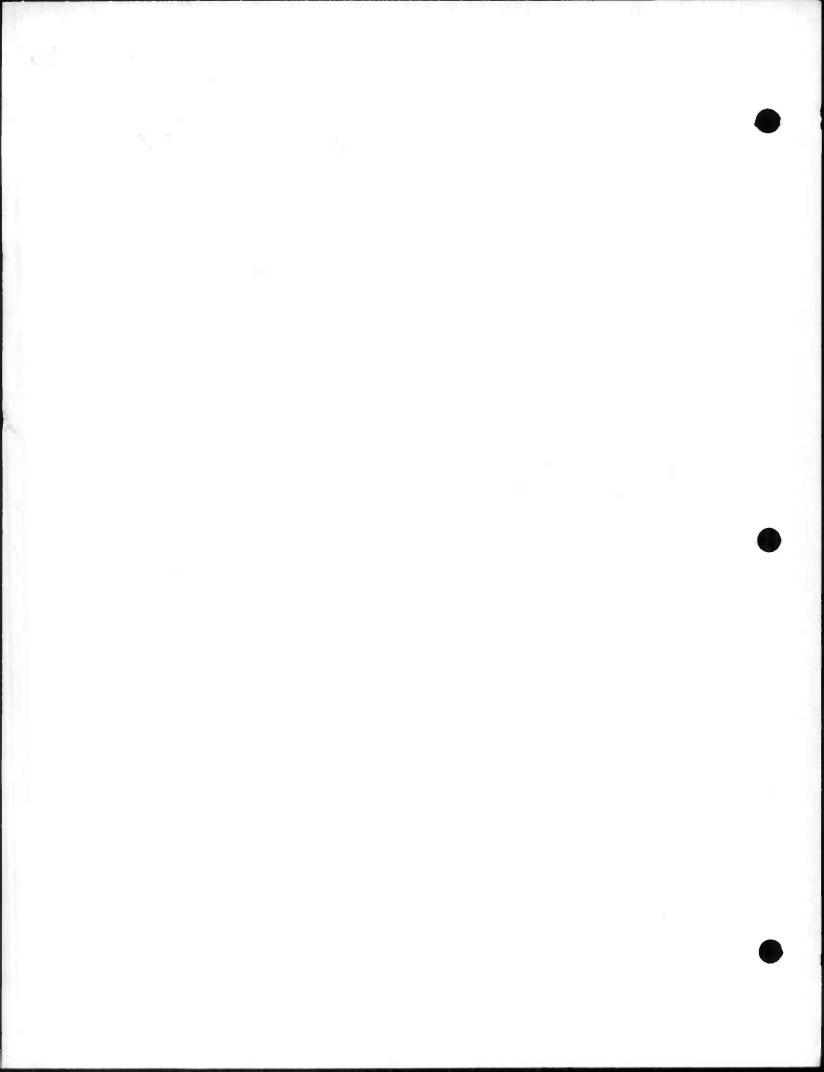
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	Table:									6	05946
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT	OF H	HEALTH ANI	D MENT/	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)			10		DEALT		E OF DEATH			. TIME OF DEATH
		Antonia Peri					Feb	ruary 1		96	8:30 PM
		34 G	(in yrs. last birthday)	IF UNDER	DAYS	IF UNDER 24 HRS	RS. 7. DATE	E OF BIRTH nth, Day, Year)			ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street		89 YRS.	on CITY	TOWN	OR LOCATION OF		. 13,	1906 Sec COUNT		GINIA
R G	REEDERS MEMORIAL H			80. OI .,		OONSBOR					VGTON
٥	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10.113	100 01	Y, TOWN O					VVZ		
DIRECTOR		SHINGTON	100. 611			SBORO					Od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	DITINGTON		E		SBURU 1. ZIP CODE			10g. CITIZE		YES 2 NO
FUNERAL	14 McKELDIN DRIVE					2	21713			U.	S.A.
FU	11. MARITAL STATUS 1 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 ☑ YES	2 NO	13. 1	NAS DECI	ENDENT OF HIS	SPANIC ORIGI	IN? (Specify Yer	s or No- 1	4, RACE -	- American Indian, White, etc.
BY	3 🔯 Widowed 4 Divorced	WORLD WAR OR DA				2 NO Spi				Specify:	WHITE
	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION	16a. DECEDENT'S (Give kind of	USUAL OF	CCUPATIO	ON	16	b. KIND OF BUS	SINESS/INDU	STRY	MUTIE
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)		st or working					
OMPL COMPL	17. FATHER'S NAME (First, Middle, Last)			ABORE	:R				RNITUF	RE SI	ORE
	CHARLES LEWIS PER	RING						Middle, Maiden	Surname)		
BE S	CHARLES LEWIS PERKINS  VIOLA HIGGS  19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	N. LEO MULLENDORE	£				RIVE, B					21713
250	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)  20c. LOCATION — City or Town, State										
E	4 Donation 8 Other (Specify) BOONSBORO CEMETERY 2/22/96 BOONSBORO, MARYLAND										
examiner must	22. NAME AND ADDRESS OF FACILITY BAST FUNERAL HOME 7606 Old National Pike										
	22 PADT I Enter the diseases or on	0						Boon	sboro	, MD	
шедіса	23. PART I. Enter the diseases, or conshock, or heert fellure. Lis	st only one cause on ar	ich line.	iot enter	the mod	de of dying, s	such as cer	rdiac or reapi	Iratory arres	it,	Approximata Interval Between
9	iMMEDIATE CAUSE (Final disease or condition	P	neum	mis							Onset and Death
event,	reaulting in death) a		CONSEQUENCE OF	-							4-5-6/20
	Sequentially list conditions,		Carcino		~	my					1700
ERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF	ን፡							
TIFIC	CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS A	CONSEQUENCE OF	F):							
	resulting in death) LAST										
히	PART II. Other algnificant conditions of	contributing to death be	ut not resulting	In the un	darlying	cause given	In Part I.	24a. WAS AN	AUTOPSY	1 24h W	ERE AUTOPSY FINDINGS
MEDICAL	chiami obtin	the Pul	noney	20	س	~	1111-111	PERFOR	RMED?	AV	MILABLE PRIDE TO OMPLETION OF CAUSE
: MEDIC	Comers Arth	is much						1 TYES 2	G-MO	OF	FOEATH?
	DID TOBACCO USE CONTRIE			1 🗆 2	10 🗆	UNCERT/	AIN 🖸				☐ 1Ea 5 ☐ 1.0
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	TH (Check o							
IX I	H . C	☐ Inpetient 2 ☐ ER/Outpe		4 Nurs	Ing Home	e 8 🗆 Rasideno	_				
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF URY M	26c. INJU WOR		28d. DE	SCRIBE HOW II	NJURY OCCU	RED	
	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	— At home, farm,	street, facto			281. LO	CATION (Street a	and Number or	Rural Rout	te Number,
TED	4 Homicide determined	building, etc. (Special	(y)				City	or Town, State)			of Therefore,
DE COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	edge, death occum	ed at the ti-	ma, date	and place, and c	dua to the ce	iuse(s) and men	ner sa stated		
S S		On the basis of examination									nd menner as stated.
E H	29b. SIGNATURE AND TITLE OF CERTIFIER	(Zhti mo				29c. LICENSE N			112-11-11		onth, Day, Year)
						DIRO	( 4)		▶ FE	1 19	1 1 5 5 7

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

84 Mill Street, Hagerstown, Maryland 21740

1-301-739-7100



of within at hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic

STEVEN Y
31. DATE FILED (Month, Day, Y
FEB 21

PAD D C
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

Full to 900 Best of As R d

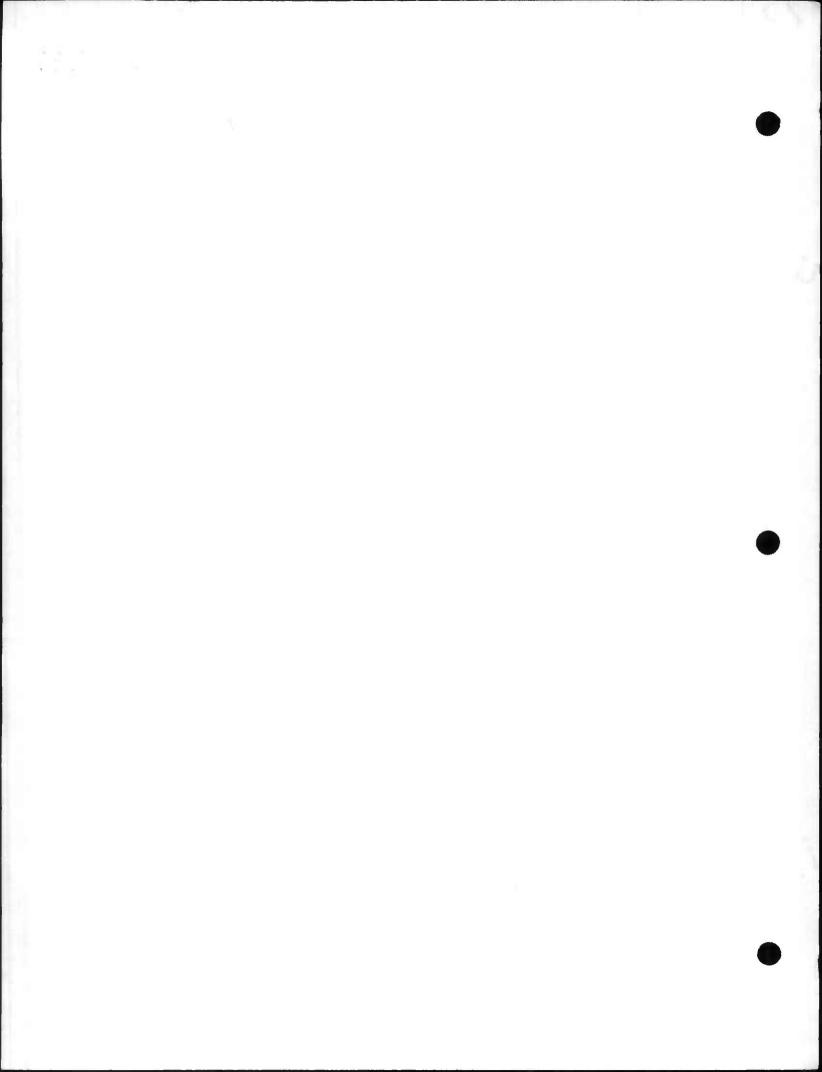
Der)

32. REGISTRAR'S SIGNATURE

1996

										9	16	05947	
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	EALTH A	ND ME	NTAL HYGIEN	IE			
	1. DECEDENT'S NAME (First, Middle, Last)			<del>-</del>				2.	DATE OF DEATH			3. TIME OF DEATH	-
	MARSHALL	VE	tensor					1	MONITH D	AY	96	11/15 0	
	4. SOCIAL SECURITY NUMBER	5, SEX		7					etsuary 1	2	//		М
	310-22-1105	1 X M 2 F	6. AGE (In yrs. las	YRS.	IF UNDER	DAYS	HOURS 6	HRS. 7.	DATE OF BIRTH (Month, Day, Year) eptember	8. 19	8. BIRT Coun	HPLACE (State or Foreign try) Illimis	
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN C	R LOCATION		The second secon	7	JNTY OF I		_
DIRECTOR	ANNE ARUNDEL GE	NERAL HOS	PITAL			NAPC						rundel	
E C	10a. STATE 10b. COUNT	ry		I the CIT	Y, TOWN (	OR LOCAT	ION					Land Higher Cont	_
	ratificato	e Arundel		}	nold							10d, INSIDE CITY LIMITS? 1 XYES 2 NO	
FUNERAL	100. STREET AND NUMBER	.1					ZIP CODE			10g. CIT	TIZEN OF	WHAT COUNTRY?	_
Ë	925 Mallard Circ	cre					21012			U.	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT OF H	HISPANIC D	RIGIN? (Specify Yes	or No-	14. RAC	CE — American Indian, ck, White, atc.	_
T.	1 Never Merried 2 Merried	FORCES? 1	YES 2 N	10		If yes, spe 1   YES	cify Cuban, k	Mexican, Po Specify:	uerto Rican, atc.)		1 1201		
ВҰ	3 Widowed 4 Divorced	U.S. Arm	y WWII			1   123	A.J. NO	эреспу.			Spec	ite	
8	15. DECEDENT'S EDI	UCATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	IN .		16b. KIND OF BU	SINESS/INI		ILE	_
E	(Specify only highest grad		(Gi	ive kind of a	vork done	during mos	st of working		l local Kalled Or Bo	OII LOOF II I	DOGINI		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	)	ysic	,				Colf E	mn I o			
COMPLETED	12	4	1	YSIC.	LSC				Self-E	-	yea		
8	17. FATHER'S NAME (First, Middle, Last)								First, Middle, Maiden	Sumame)			
BE	Peter M. Peters	son					Rowe	ena B	elke				
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	3 (Street a	nd Number or	Rural Floute	Number, City or Tow	m, State, Zij	(p Code)	-	
5	Doris Ann Peters	on							D 21012				
	20e. METHOD OF DISPOSITION	-	20b. PLACE							CATION —	Ch. or T	200	_
	1 Burial 2 Cremetion 3 Ren	noval from State	cemetery, crea	matory or or	ther placa)	Choro	p liboh.	i		CATION —	City or it	Jwn, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	-	Univer	isty M	edica	1 Cer	iter		/16/96	Washi	ngtan	DC	
	EL BIONATORE OF FORESAL SERVICE O	CENSIE	1		22.	NAME AN	a Mort	OF FACILITY	ervices, 1	ma	_	•	
	XIII	VI	. In	_	22	5 Mic	contri 7	AND I	NW, Washir	mbon	TYC!	20011	
	23. PART I. Enter the diseases, or	complications that	coursed the de	odb. Do a	2.2	3 . III.	Table 2	100.,	IWY, WASIE	gui,	ш		_
	ahock, or heart failure.	List only one cau	se on each line		ioi enter	me mo	de of dying,	, such es	cardiac or reap	ratory ar	reat,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel											Onset and Daath	
	disease or condition resulting in death)	. 12	1 EU MO	414								A LAND	
		DUE TO	OR AS A CONSED	UENOE DI	D:4							6 - 177	-
7		· /	LNEY	Mi	In	0						441	
◙	Sequentially list conditions,	DUE TO	OR AS A CONSED	UENCE DE	):			-				10 0064	<u>.</u>
4	if any, leading to immediate cause. Enter UNDERLYING	(-										- 10-	
윤	CAUSE (Disease or Injury	C. OUE TO	OR AS A CONSED	HENCE OF	D+	_						2 040	_
ERTIFICATION	that initiated events resulting in deeth) LAST			OLHOL OI	,-								
		d											
0	PART ii. Other aignificent condition	ns contributing to	deeth but not n	eauiting i	n the un	deriving	ceuse dive	on in Pari	i. 24a, WAS AN	ALITODEV	241	b. WERE AUTOPSY FINDINGS	-
MEDICAL						,	, g		PERFOR		240	AWAILABLE PRIOR TO	П
ă	§ <del></del>								1 TYES 2	<b>™</b> NO		OF DEATH?	
뿔												1   YES 2   ND	П
=	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEAT	TH YE	S 🗆 I	vo प्रे	UNCER	TAIN [	¬				_
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			E DF OEAT									4
S	EXAMINER?	HOSPITAL:	ED 10 4 11 11 1	D	OTHER								-
≚ I	27. MANNER OF DEATH		ER/Outpatient 3						Other (Specify)				4
<u>a</u>	1 Netural 5 Pending	'26e. DATE OF (Month, Da		28b. TIMI	URY	28c. INJU WOI	JRY AT RK?	280	I. OEŞCRIBE HOW I	NJURY OC	CUREO		-
BY	2 Accident Investigation				М		ES 2 N	0					
ED	3 Suicide 8 Could not be	26e. PLACE OF	INJURY — At hor	me, 1arm, s	treet, fact	ory, office		281	LOCATION (Street	end Number	r or Rural i	Route Number,	П
2	4 Homicide determined		1-111						City or Town, State)				
COMPLET	29e. CERTIFIER	HOLAN, T. C.											4
8	(Check only	SICIAN: To the best of											
= 1	2 MEDICAL EXAMIN	ER: On the besis of ex	amination and/or is	nvestigatio	n, In my o	pinion, de	eth occured a	at the time	, date end place, an	d due to th	he ceuse(s	a) and manner es stated.	
S II	4												
	296 AND TITLE OF CERTIFIE						29c. LICENSI	E NUMBER		29d. DAT	E SIGNED		$\dashv$
TO BE CO			. D. c	-			117	E NUMBER		29d. DAT	E SIGNED	) (Month, Day, Year)	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Iven 28 is marked, or item 23 shows any finjury, or other traumatte event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF M					ALTH AND I	MENTA	HYGIEN REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH 3. TIME OF OEATH					
	Gordon Fr	ederick P	litt. S	r.				Feb)	นเลราม ในเสราม	12.	1996	12:07P M	
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTN	PLACE (State or Foreign	
	180-09-4239	1 € M 2 □ F	81	YRS.	MONTHS	DAYS	HOURS MIN.		o, Day, Year)	15 1	Q 1 /ı	York, Pa.	
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY	, TOWN OF	LOCATION OF OR		CIIIDCI		NTY OF D		
	Doctor's Community Hospital Lanham Prince Geo									eorge's			
	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCATIO	ON					10d. INSIDE CITY LIMITS?	
	Md. Prince George's Hyattsville										1 TYES 2 NO		
	The state of the s								10g. CIT	IZEN OF W	HAT COUNTRY?		
	3828 Thornwood I	Rd.				20	784				U.S.	Α.	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMEO		WAS DECE	NDENT OF HISPAI			or No-	14. RACE	- American Indian,	
	1 Never Married 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						city Cuben, Mexica 2 X NO Specif		Rican, etc.)		Black, White, etc.  Specify:		
EX	3 Widowed 4 Divorced						11					White	
	15. DECEDENT'S EOU (Specify only highest grade	(CATION completed)	/G	live kind of	work done	CCUPATION during most	N t of working	16b	KIND OF BU	SINESS/INI	DUSTRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	) life	. Do NOT u	retired.)								
COMPLETED	12		To	01& I	ye M	laker			U.S.	Gov't			
3	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S NA			Walden Sumame)			
BE	Frederick Pli	tt					Edith	Mae	Dett	er			
2	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street sn	d Number or Rural	Floute Numi	ber, City or Yow	n, State, Zij	Code)		
-	Alice M. Bowers		1	750 1	erch	Far	m Crt. I	David	sonvi	lle.	Md.	21035	
ı	20e. METHOO OF DISPOSITION 1 ☐ Burlel 2 TV Cremetion 3 ☐ Rem	owel from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Nam		OAT		CATION -			
	4 Donetion 5 Other (Specify)	TOTAL STATE	Metaro	$\mathtt{poli}$	tan (	reme	tory	2/1	3/96	Alexa	ndra	. Va.	
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	DENGEE	1/,		22.	NAME AND	AOORESS OF FA	CILITY					
- 1	DA Fand	7	14	. /			is Gascl						
-	23 PART I Enter the diseases or	complications that	1000	est Do	4	739	<u>Baltimo</u>	re Av	e. Hy	attsv	rille	Md. 20781	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or raepiratory arrest, shock, or heart feiture. List only one cause on each line.  Approximate interval Between									interval Between			
	iMMEDIATE CAUSE (Finei diseese or condition	0	A		1	10 - 1						Onset and Death	
	resulting in death)	. COROMAR OUE TO	Y ART	ERY	)	15en	SE						
		OUE TO	(OR AS A CONSE	OUENCÉ (	)F):								
S	Sequentieily liet conditions,	b	·										
اَةٍ	if sny, leeding to immediate	OUE TO	(OR AS A CONSE	QUENCE C	PF);								
3	CAUSE (Disease or injury												
	that initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										ĺ		
CERTIFICATION		d								-		<u> </u>	
AL	PART ii. Other significant condition	ne contributing to	death but not	resulting	in the U	nderiying	cause given in	Part i.	24a. WAS AR		24b	WERE AUTOPSY FINDINGS	
	ARDOMINAL /	ARDOMINIAI ALIEURISM										WAILABLE PRIOR TO COMPLETION OF CAUSE	
: MEDIC	PERIPHRAL VASCULAR DISEASE								2 XX NO OI		OF DEATH?		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO M UNCERTAIN									1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	T CA		CE OF DE			UNCERIAI	N					
ᅙ	EXAMINER?	HOSPITAL:			OTHE	R:							
<u>×</u>	1 YES 2 MNO 27. MANNER OF CEATN	1   Inpatient 2		DOA 4 Nursing Nome 5 Realdenc									
PHYSICIAN:	1 Natural 5 Pending	26e. DATE OF (Month, Da	ay, Year)		WE OF	WOR	łK?	28d. DE:	SCRIBE NOW	INJURY OC	CURED		
à	2 Accident Investigation	F 114 14 18 14 14 14 14 14 14 14 14 14 14 14 14 14				YES 2 NO							
	3 Suicide 6 Could not be 4 Nomicide determined	home, farm, street, factory, office			26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				loute Number,				
				_									
COMPLETED	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.												
5	one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(s) and										) end manner es stated.		
n l							29c. LICENSE NU	LICENSE NUMBER 29d. DATE SIGNED				(Month, Day, Year)	
מ	A-Dalottan					D25 977			7	D 2/13/96			
2	30. NAME AND ADORESS OF PERSON WI	O COMPLETEO CAUS	SE OF DEATH (ITE	EM 27) (Typ	e, Print)		. /	n i					
	A. DASHOTTAR M	0, 7207	HANDY!	ER	PARY	(blo)	14A.C	REE	MSEL	7 M	4. 2	0770	
	31. DATE FILEO (Month, Day, Year)	32 REGISTRA	R'S GIGNATURE										
	FEB 1 3 1996	Jelia	R'S GIGNATUR	44									

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Death 3. Tima of Death 1996 **Physician** PRESTON EWIS 0120AH eb /Medical 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SPECIALT NIA BALTIMORE DEATON If Undar 1 Yeer If Undar 24 Hrs. 8. Data of Birth Months Days Hours Min. 8. (Month, Dey, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Months 228-28-6253 67 Director VIRGINIA Usual Residence of Decedant 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yas 2 □ No Director MD BALTIMORE 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 1332 238 STREST 21215 Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiena.
ant: If item 27 is marked other than "natural", or items 23. Funeral 12. Was Decedant Evar in U.S. Armed Forcas?, 1 Yas 2 No if Yes, Give Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) Rece - American Indian, Biack, Whita, atc. 11. Meritei Status Nevar Married 2 Married Maryland 21215-0020 1 Tas 2 No BLACK ğ lf Yes, Give Y*ea*r or Dates: 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coliage (1-4or 5+) Construction WKNOWN 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middle, Meiden Surname) Be ANDERSON PRESTON Lo DRED 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Department of Health ar Important: If item 27 is any injury or other trausonce. 1301 RED Bud Rd VA 22601 HARLES BOLES Winchester Baltimore, 20e. Mathod of Disposition Data 20c. Location - City or Town, State Parial 2 □ Cramation 3 □ Ramovel from Stata Feb18, 1996 4 ☐ Donetion 5 ☐ Othar (Specify) Ornick Cemeter 21. Signature of Funeral Service Licenses CARTWRIGHT F.H. 437 N (AMERON, WINCHESTER 23a. Pert1. Entar tha diseasa, or complications that ceused the death. Do not entar the mode of dying, such es cerdlec or raspiratory errest, shock, or haart tailure. List only one cause on each line. **Physician** Immediata Causa (Final disease or condition resulting in daath) /Medical SPINAL EDIDURAL ABSCESS **Examiner** Due to (or es a consequance ot): Examiner ARAPLE614 The law requires that the death certificate be axecuted Sequentially list conditions, if any, laading to immadiala cause. Enter Undarlying Cause (Diseasa or Injury that initiated avants rasulting in death) Last pue Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, MCERS physician RESSURE Physician/Medicai 94 Due to (or as e consaguanca ot) Part II. Other significant conditions contributing to death but not resulting in the undarlying ceusa givan in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 □ Yes 2 □ No 3 □ Probably 4 □ Unknown HYPERTENSION Q Q 24b. Wara autopsy findings available prior to complation of ceuse of deeth? 24a. Was en autopsy performed? Completed GASTRIC WILER certificate has 1 Yes 2 No 1 ☐ Yas 2 No 25. Was casa ratarred to medical axaminar?
1 ☐ Yas 2 1 No Be 26. Placa of Death (Check only one) Othar: Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) Medical Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Deta of Injury (Month, Dey Year) funeral 27. Mannar of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 5 Panding investigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Piace of Injury - At homa, tarm, streat, factory, office building, atc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and menner as stated. 29a. Cartifier 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred et the time, dete end piece, end due to the cause(s) and menner steled. 29b. Signetura end titla of certifier 29c. Licansa number 29d. Date signed (Month, Dey, Year) House Physician D46729 30. Nama and address of parson who completed cause of deeth (Item 23a) (Type, Print)

State Registrar SATTAD MO

32. Ragistrar's Signatura

Julia other con Reveal

31. Dete tiled (Month, Dey, Year)
FEB 15 1996

**DHMH 16 Rev 6/95** 

DEATON SPECIALTY HOSPITAL & HOME GOIN CHARLES ST

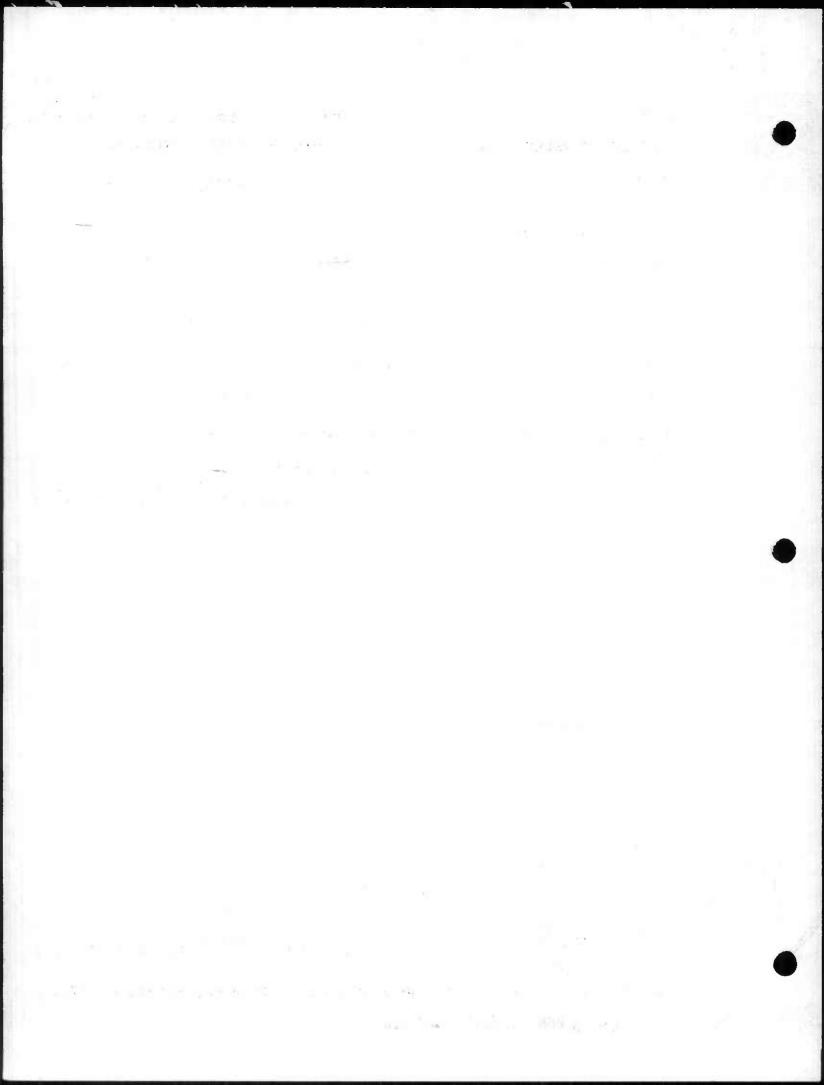
## Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible, State of Maryland / Department of Health and Mental Hygiene 05950

			Cert	tificate of	Death	F	Reg. No.				
Physician	Decedant's Neme (First, Middle, Last     Mary J.	Plater				2. Dete of Dee	Dev	Year 3. Time of Dee			
/Medical Examiner	4e. Fecility Neme (If not institution, give				4b. City, Town, or Upper Man	February		9:30 A.M of Deeth George's			
	312 Pemberton Street			K I Index 4 Ven							
uneral irector	5. Sociel Security Number 6. Se 577–28–9148 15 Usuei Residence of Decedent		B5 Yrs.	Montha Deys			3,41910	9. Birthplace (State or For Country) Washington, D.C			
filed at	10a. Stete 10b. County D.C.	10c. City, Town or Location Washington									
ten 27 is marked other than "netural", or items 23s or 28s-f show other traumstic event, the Madical Examiner must be notified at To Be Completed by Funeral Director	10e. Street end Number	0e. Street end Number 1139 45th Place, S.E.					10g. Citizen of Whet Country? U.S.A.				
Examiner must	11. Merital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes:		as Decedent of Yes, specify Cul ☐ Yes 2 ☐ No	Hispanic Origin? (Span, Mexican, Puerl Specify:	pecify Yes or No- to Rican, etc.)	scify Yes or No- Rican, etc.)  14. Race - Americ Black, White, of Specify: Black				
n, the Mapical	15. Decedent's Edu (Specify only highest gred Elemantary/Secondery (0-12)	16a. Decede (Give k life. De	16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)				16b. Kind of Business/Industry				
Be Co	17. Father's Neme (First, Middle, Last)	44	Cler	K	18. Mother'a Ner	Federal Government no (First, Middle, Malden Surname)					
To B	James H. Pl					Mary Florer					
er fraum	19a. Informant's Name/Reletionship (7) Catherine Fisher (Sist				tend Number or Ru creet Upper						
any injury or other once.	20e. Method of Disposition  1XXSurlel 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	Plece of Disposicement Olivet	peter very cyther piece) 2/10/96 Washington, D.C.								
eny inj	21. Stemative of Funeral Service Licensee  22. Neme and Address of Facility Rollins Funeral Home, Inc. 4339 Hunt Place, N.E. Washington, D.C. 20019										
clan lical liner	Immediate Cause (Finei disease or condition resulting in death)  Gastric Carcinoma  a.  Due to (or as a consequence of):						1931,	Approximate Interval Between Onset and Death			
iel-transit	Sequentially list conditions,	b. Due to (c									
as the bur ledical	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury thet Initieted events resulting in deeth) Lest	cDue to (or es a consequence of):									
or use		d.	ulting In the une	dorbilas acusa s	han in Doet I	225 Did s	-				
be detached i	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  Multi-Infarct Dementia						23b. Did tobacco usa contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Unknown				
should							24e. Wes en autopsy performed?				
rector, page 2						1 □ Y	es 2000	1 ☐ Yea 2 ☐ No			
director,	25. Wes case referred to medical examiner?  1 Yes 25 No	lospitet:	ED/Outpatient	2004 0	hor:	oth (Check only one)					
- I	27. Manner of Deeth  1XXNetural 5 Pending 2 Accident Investigation	TO Impatient 2D Envolupatient 3D DOA 4D Nursing nor				lome 5 ☐ Residence 8 □ Other (Specify)  28d. Describe how injury occurred					
<u>=</u>	3 Suicide 6 Could not be 4 Homicide determined	28e. Ptece of Injury - At h building, etc. (Specif	et, fectory, office	28f. Location (Street and Number or Rural Route Number, City or Town, Stete)							
pletely fill edical											
N	29b. Signeture and title of certifier	se number +03U	29d. Dete signed (Month, Day, Year) 02   67   9 6								
/	30. Nema end eddress of person who completed cause of deeth (item 23e) (Type, Print)										
State	Frank Silagy, M.D. 31. Determined (Mach Day, Year)	4151 Bladensb	ung Rd.	Colmar Ma	nor, MD 20	722					

FEB 15 1898 Wenderland

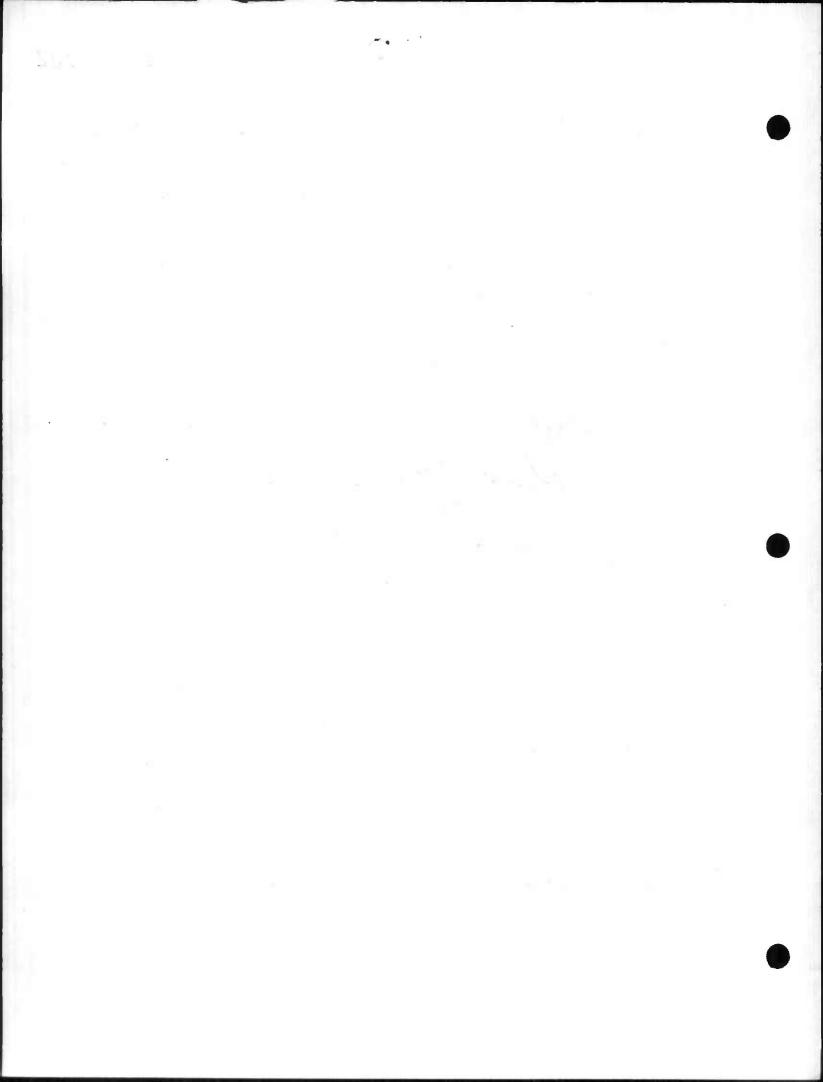
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A   Sacility Name (if not institution, give street and number)   4b. City, Town, or Location debath   19 00 LYTONSVILLE ROAD   4b. City, Town, or Location debath   20 00 LYTONSVILLE ROAD   5c. Social Sacurity Number   6c. Sex   7c. Age (in yrs. last birthdey)   10 00 LYTONSVILLE ROAD   5c. Social Sacurity Number   6c. Sex   7c. Age (in yrs. last birthdey)   10 0c. City, Town or Location   10 0c. City, Town or		-			t . t ame (First, Middle, L		-	C	ertificate of	K. Assure A Health and N Death	2. Date of D	Reg. No.	96	05951
46. Petro Promo y Location of Death 1900 LYTONSVILLE ROAD  5. Scores accountly Name 46. Death Promos 46. Dea		•		JAMES		ESCO			QUILLE	N				5:40 PM
Direction    The control of the cont													•	ERY
The part of the				21438-40	94				Months Days					
Tree, Specially Country   Special Country   Sp		show					10c. C	City, Town or	Location			10d. Insida City Limits		
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New York Charles   Charl		With the name of t	1 Dir			t			10f. Zip Code	<del>31</del> 21703				ntry?
Security   Security		death	nera			12. Was Dece	12. Was Decedent Ever In U.S.		3. Was Dacedent of		pecify Yas or N	o- 14. Ra	ce - Amari	
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The properties of the properti	15-(	n 72 h	letec	(Sp	15. Decedent's lecify only highest g	Educetion rade completed)		(Gir	ive kind of work done	during most of work	king	16b. Kind of E	Business/In	dustry
The properties of the properti	212	d withi	ошо	Elementary/Se	condary (0-12)	College (1	1-4or 5+)	1000		/		Tra	nspor	tation
Description of Floring and Address of Facility  20 West Center St.  Liberty Hill Cemetery 2/14/96 Fries, VA  21 Signature of Floring is and Address of Facility  22 Name and Address of Facility  22 Name and Address of Facility  23 Part. Enter the desay, or complications that caused the death. Do not arter the mode of dying, such as cerdiac or respiratory arreal.  Physician  Middle Call Examiner  23 Part. Enter the desay, or complications that caused the death. Do not arter the mode of dying, such as cerdiac or respiratory arreal.  Provision  Middle Call Examiner  23 Part. Enter the desay, or complications that caused the death. Do not arter the mode of dying, such as cerdiac or respiratory arreal.  Provision  Middle Call Examiner  23 Part (Final disease)  24 Part (II) Other algorithment conditions.  25 Part (Gears)  26 Part (II) Other algorithment conditions.  26 Part (II) Other algorithment conditions.  27 Part (II) Other algorithment conditions.  28 Part (Geath of the Call o		el Hyg		17. Father's Nam	e (First, Middla, Las	st)		- 11,060	LII GOIIGIG		ne (First, Middle		- 2	CGCIOII
Description of Floring and Address of Facility  20 West Center St.  Liberty Hill Cemetery 2/14/96 Fries, VA  21 Signature of Floring is and Address of Facility  22 Name and Address of Facility  22 Name and Address of Facility  23 Part. Enter the desay, or complications that caused the death. Do not arter the mode of dying, such as cerdiac or respiratory arreal.  Physician  Middle Call Examiner  23 Part. Enter the desay, or complications that caused the death. Do not arter the mode of dying, such as cerdiac or respiratory arreal.  Provision  Middle Call Examiner  23 Part. Enter the desay, or complications that caused the death. Do not arter the mode of dying, such as cerdiac or respiratory arreal.  Provision  Middle Call Examiner  23 Part (Final disease)  24 Part (II) Other algorithment conditions.  25 Part (Gears)  26 Part (II) Other algorithment conditions.  26 Part (II) Other algorithment conditions.  27 Part (II) Other algorithment conditions.  28 Part (Geath of the Call o	yla	Ment Ment Merke Merke Merke	To							1				
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DALLIMONE, MAN LAND 21213-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
CINICAL AL PICORDS, T.O. DONOS	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Deut, of Health and Mental Hygiene prior to bun'al, cremation, or removal.	IMPORTANT: if hem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1	FOR STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR					MENTAL	HYGIEN REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last) Debra Ann Reis	ch							2. DATE O MONTH Janu	OF OEATH	AY	YEAR 1996	3. TIME OF DE	P <sub>M</sub>
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	ist birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTI	IPLACE (State or	
		221-38-4979	1   M 2   F	39	YRS.					March	17, 1	L956	Pen	insylvai	nia
L	œ	9a. FACILITY NAME (If not institution, give atm						R LOCATIO		EATH	9c. COUNTY OF DEATH				
П	DIRECTOR	The Kent & Oueen A	nne's Ho	spital	Inc.	Che	ste	rtowr	MD			Kent	t		
	INE I	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C		ION						10d. INSIDE CI LIMITS?	_
		Delaware Ken	t			Dov		ZIP CODE				10a CIT	IZEN OF V	1 TYES 2	
	FUNERAL	108 Aspen Drive -	Pinewoo	d Acres				199						States	
	5	11. MARITAL STATUS	12. WAS DECEDEN		RMED						(Specify Yes		14. RACI	E — American in	dlan,
		1 Never Married 2 Married 3 Nidowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	NO .			2 XNO		in, Puerlo Ri y:	can, etc.;		Spec	Hy:	
		15. DECEDENT'S EDUC	ATION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b.	KINO OF BU	SINESS/IN	DUSTRY	.te	
H	COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	- Hi	Give kind of to b. Do NOT us	work done sa retired.)	during mo	st of workin	g						
	Δ. V	12	2	R	espir	ator	y Th	7			Healt		re		
		17. FATHER'S NAME (First, Middle, Last)									iddle, Malden E. Dr				
	E E	Leon W. Hipkins  19a. INFORMANT'S NAME (Type/Print)	-	11	9b. MAILING	ADDRES	S (Street a				E. DI.		io Code)	199	01
	2	DAvid Reisch												, Delaw	
		20s. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remo	val from State	20b. PLACE	AND DATE	OF DISPOS	SITION (Ne			OATE	7	CATION -			
		4 Donation 5 Other (Specify)	1	St. Ge	orges	Cemete	ery -	Janua NO ADORES			6 St.	Georg	ges, I	elaware	
			Milles	wit ?	(						1 Ho	mes	, P.	Α.	
-		William L.	King J		10									Mary1a	
		23. PART I. Enter the diseases, or co shock, or heart fellure. I.	ist only one cer	use on each lin	leath. Do i	not anter	the mo	de of dyl	ing, auc	h aa cardi	ac or reap	iratory as	rreal,		Between
		IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ALUTE USE ON GAS MULTITATION RECENTLY.										Onset a	nd Death		
	ı	resulting in death)	DUE TO	(OR AS A CONSI	OR AS A CONSCOUENCE OF:									out	
	z	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										14	n		
		if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUENCE OF):											
		CAUSE (Disease or Injury that initiated events	DUE TO	TO (OR AS A CONSEQUENCE OF):											
	CERTIFICATION	reaulting in deeth) LAST													
31.	AL C	PART il. Other significant conditions	contributing to	death but not	resulting	In the ur	nderlyln	g cause (	given in	Part I.	24a. WAS AN		248	. WERE AUTOPSY	
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	MEDIC											./		1   YES 2	NO
	Ž	DID TOBACCO USE CONTR	IBUTE TO CA		ATH YI			UNC	ERTAII	N 🗆					
	PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHE	R:			e [] est	10				
	Ë	27. MANNER OF DEATH	26a. DATE OI	YRULNI	28b. TIN	E OF	28c. INJ	URY AT	Isidence	6 Other	(Specify)	INJURY O	CCUREO		
	BY P	1 Natural 5 Pending 2 Accident investigation	(Month, L	Jay, 16ar)	IN.	JURY M		YES 2	NO						
		3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)									TION (Street r Town, State		or Aural	Route Number,	
	COMPLETED	4 Homicide determined											_		
	MP	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC (Check only one)  2 MEDICAL EXAMINER												.)	
61		29b. SIGNATURE AND TITLE OF CERTIFIER	ALL PRINCES OF STREET	mivealigati	on, in my c	opinion, d		ENSE NUI	he time, date and place, and due to the cause(a						
<u>:</u> ] (	<b>8</b>	1111	rus					- 1	138-2				1-17.	(Month, Day, Yo	lr)
1	2	30. NAME AND ADDRESS OF PERSON WHO		SE OF DEATH (IT	EM 27) (Type	, Print)			-/0					70	
K	3	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	. m	1.00									
L		JAN 19 '96	gu	ma wavydse	n-yan	المالك									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	S	TATE OF MARY			F HEALTH AND	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Mic Millard Fillmo		ed, Sr.				MONT	of DEATH		AR	e of death	p M
	4. SOCIAL SECURITY NUMBER 221–24–3801	100		(in yrs. last birthday) 84 YRS.	IF UNDER 1 Y		7. DATE	OF BIRTH	8.1	BIRTHPLACE	(State or Fo	
TOR	90. FACILITY NAME (If not institute 14069 Augustine I	lenman H				wn or location of da., MD 2163			9c. COUNTY  Kent			
DIRECTOR	10a. SYATE 10	b. COUNTY			Y, TOWN OR I	OCATION				10d, II	NSIDE CITY	
AL D	Maryland  104. STREET AND NUMBER	Kent		Gale	ena	101. ZIP CODE			10g. CITIZEN	73.	OUNTRY?	NO NO
JER/	14069 Augustir	ne Herm	nan Hyw			21635			Unite	d Sta	tes	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Mei 3 Widowed 4 Divorced	rried	WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED B 2 NO DATES	If y	B DECENDENT OF HISPA is, specify Cuben, Mexico YES 2 NO Speci	an, Puerto			RACE — Am Black, White Specify:	erican India	n,
TED	(Specify only high	- T	pleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done duri	IPATION ng most of working	161	b. KIND OF BUS	SINESS/INDUST			
1PLE	Elementary/Secondary (0-12)	C	ollege (1-4 or 5+)	Farmer			I	Agricul	tural			
COMPLETED	17. FATHER'S NAME (First, Middle					18. MOTHER'S NA	AME (First,					
BE	William C. Rec			405 11411 101	ADDRESS (S	Ida John		-h 0/h - T-	. 0 7. 0	(1)		
2	Florence Reed	rinkj				e Hennan Hyw.				70)		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation		from State 20	Db. PLACE AND DATE	OF DISPOSITI	ON / Name of	DAT	TE 20c. LO	CATION — City		ite	
	1 XBurlai 2 Cremation 3 X Ramoval from Stata 4 Donation 5 Dother (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY											
	· W. Co				Far	ies Funeral	l Dir	ectors	, Inc.	7		
CERTIFICATION	shock, or heer  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a	MONIC DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF	uch.	ung bul	cas mos	nay	Sio		Approxima	reewt
PHYSICIAN: MEDICAL (	PART II. Other significant	U)Oce	Sison	asp.				24a, WAS AN PERFOR 1 YES 2	IMED?	AVAIL. COMP OF DE	AUTOPSY FI ABLE PRIOR LETION OF C ATH? YES 2   N	TO
Ä	ØID TOBACCO USE		UIE IO CAUSE	OF DEATH Y								
SIC	EXAMINER?		OSPITAL: Inpetient 2 ER/Ou	rtpatient 3 DOA	OTHER:	Home 5X Residence	6 Oth	er (Specify)				
	27. MANNER OF DEATH  1 XNetural 5 Per	nding setigetion	28a. DATE OF INJURY (Month, Day, Year,	28b. Til	JURY	c. INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCCUR	EO		
TED BY	3 Suicide 6 Co	uld not be ermined	28s. PLACE OF INJUI building, etc. (Sp						OCATION (Street and Number or Rural Route Number, by or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one)  1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as									nenner sa si	leted.	
BEC	296. SIGNATURE AND TITLE OF	CERTIFIER	f.			29c. LICENSE NU	JMBER	/	29d. DATE SI	GNED (Mont)	Day, Year)	
TO E	30. NAME AND ADDRESS OF PI	ERSON WHO C	MPLETED CAUSE OF I	MA DEATH (ITEM 27) (Tvo	D25915 2-5-96							
1	Dr. Barbara	1	,			n Md. 2191	.3					
0	31. DATE FILED (Month, Day, Year FEB 5			Davidson-Ra								

Pages 1, 2, 3 should

DIRECTOR

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CERTIFICATION

PHYSICIAN: MEDICAL

COMPLETED item

BE 2 29b.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

96 05954 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1. CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FEBRUARY 14,1996 JOANN RISTON 2:45 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 S-F 216-70-8150 YRS. 40 2-10-56 WASHINGTON, D. C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND CALVERT CHESAPEAKE BEACH 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3816 SIXTEENTH STREET 20732 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 1 2 College (1-4 or 5+) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname) GEORGE RICHARD RISTON, SR. MARY LOUISE RADTKE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY L. HILTON (MOTHER) SAME AS #10 20a METHOD OF DISPOSITION

1 ABurial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State SOUTHERN MEM. GARDENS 2-17-96 DUNKIRK, MARYLAND 4 Donation 5 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND FUNERAL HOME DUNKIRK, MARYLAND 23. PART I. Enter the diseases, or complications that ceuead the deeth. Do not anter the mode of dying, such as cardiec or reapiretory errest, shock, or heart fellure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Anoxic Brain Triply
DUE TO (OR AS A CONSEQUENCE OF) days reaulting in death) ON ONE MY CLORENOUS LEVELMIG / blast crisis 6 WECKS Sequentielly list conditions. If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part t. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE Renal Failure, liver Failure . - wee a selan

DID TODA CCO LICE COATE			TES 2 MAIO	OF DEATH?	
DID LORACCO DSE CONT	RIBUTE TO CAUSE OF DEATH	H YES 🗆 NO 🗆 UNCERTAI	N Dr I		
5. WAS CASE REFERRED TO MEDICAL	28. PLACE	OF DEATH (Check only one)	7		
EXAMINER?	HOSPITAL:	OTHER:  DOA 4 Nursing Home 5 Residence	6 Other (Specify)		
7. MANNER OF DEATH  1. Netural 5 Pending 2 Accident Investigation	20s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	DED	
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At home building, atc. (Specify)	e, farm, street, tactory, offica	26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
9a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of my knowledge, death	h occurred at the time, date and place, and du	to the country and		

one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion,		
SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
by Meio, Intern	N4487	▶ February 14,1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

		One March			ICTO A DIO				7.0	9.00	-
Kelly	Gebo.	Tower	110,	JHH,	401	N.	Wolfe St.	Baltinom	CM	31205	

FEB 2 0 1996 Julia Savidson Randall

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### Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

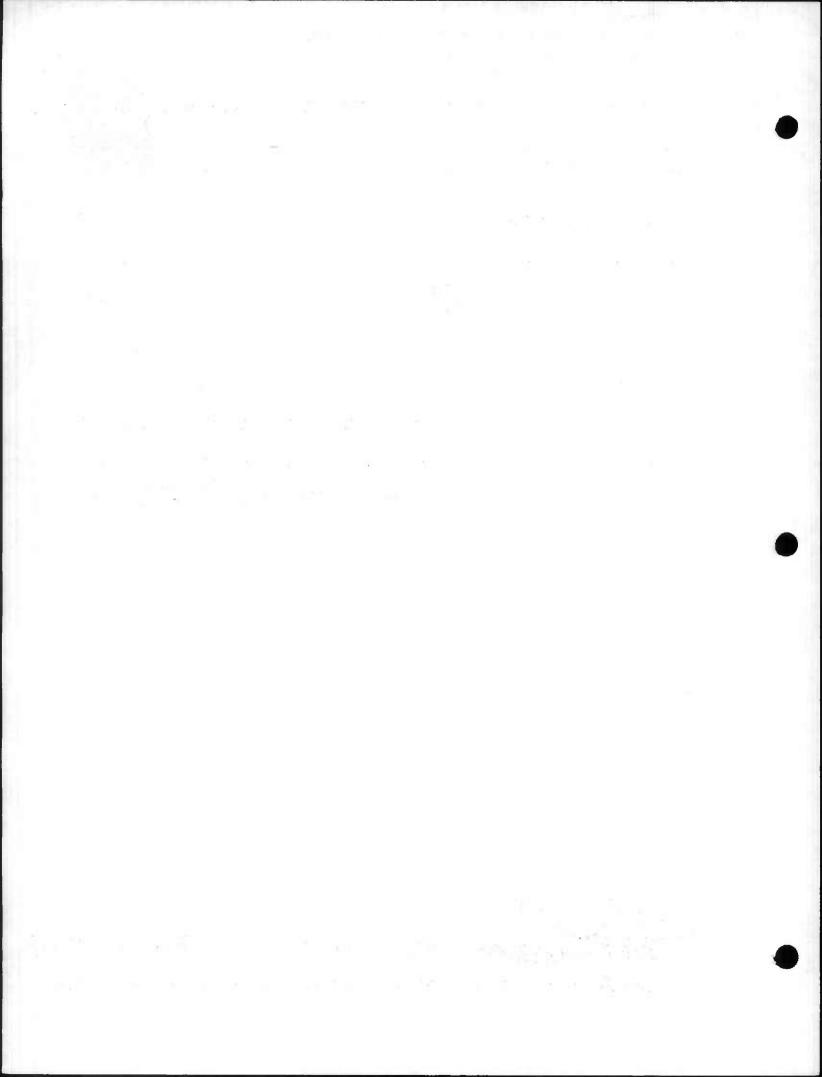
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** RICHARD KEENER JR. RICE February 1996 1:55 PM /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Hagerstown Washington Washington County Hospital | H Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth | Months | Deys | Hours | Min. | Min. | Months | Pey, Year | 7936 6. Sex 1 ☑ M 2 ☐ F 5. Sociel Security Number 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign **Funeral** 59 Maryland Yrs. 217-32-7208 **Director** Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If I fem 27 is marked other than "natural" ~ : any injury or other treumatic event. 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 No Director Washington Smithsburg 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 15 W. Water St. P.O. Box 356 21783 U.S.A Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ⊠Yes 2 □ No 1956 – If Yes, Give Yeer or Detes: 1959 14. Rece - American Indien, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Married 1 ☐ Yes 2 X No Specify: White by Specify. 3 Widowed 4 Divorced Completed Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Dealer Antiques 17. Father's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Richard K. Rice Sr. Alta M. Poole 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 15 W. Water St. P.O. Box 356 Smithsburg, Md. 21783 Eleanor M. Rice 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete 1 Burjat 2 Cremetion 3 Removel from Stete 4 Donation 5 Other (Specify) Feb. 17, 1996 Bethel Cemetery Cascade. Md. 21. Signature of Funerel Service Licansee 22. Name end Address of Fecility 12525 Bradbury Ave. Davis Funeral Home Smithsburg, Md. 21783 www.lo Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart tallure. Vist only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** Imme liate Ceuse (Finel disees or condition resulting in deeth) /Medical Sepsis 2 days Examiner Due to (or es e consequenca of) Examiner Acute Renal Failure 2 days To the Hospital or Attending Physician: The law requires that the death certificata be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buntal-transit completely filled in by the funeral director, page 2 should be deteched for use as the buntal-transit Sequentially list conditions, if eny, leeding to Immediete cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): Chronic Renal Failure 5 years Box 68760, Physician/Medical Due to (or es e consequence of) Diabetes Mellitus, Type I 20 years Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.O. XXYes 2 No 3 Probably 4 Unknown Alcoholism Division of Vital Records, λq 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed 1 Yes 2 No 1 □ Yes 2 □ No Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes ŽIXNo 1 X Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner es steted.

In Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete and place, end due to the ceuse(s) and menner steted. Medical 29e. Certifier 29d. Date signed (Month, Dey, Year) 29c. License number D35547 eddress of person who completed cause of deeth (Item 23e) (Type, Print) Lippman. MD Suite 108 11110 Medical Campus Rd, Hagerstown, MD 21740 Stephen 5.

**DHMH 16 Rev 6/95** 

State Registrar



BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float heart. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIEN		00000		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEA	3. TIME OF DEATH		
		Riggin, S				2-14-96	5	4:27 p. M		
	4. SOCIAL SECURITY NUMBER 215–16–3652	5. SEX 6. AGE (I	n yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	July 22,	B. B.	SIRTNPLACE (State or Foreign country)		
	9e. FACILITY NAME (If not institution, give a		0-4 The.	SP CITY TOWN C	OR LOCATION OF DE		1911   9c. COUNTY (	Maryland		
E C	Edw. W. McCready		pital	Crisfie		-ain	Somer			
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY									
DIRECTOR		merset	10c. CIT	Y, TOWN OR LOCAT	sfield			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER				ZIP CODE		10a, CITIZEN	1 ★ YES 2 □ NO OF WHAT COUNTRY?		
FUNERAL	12 Columbia A	ve.			21817		US			
1 N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			HC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indian, Black, White, stc.		
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify			Specify: White		
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPATION	)N	16b. KIND OF BUS	SINESS/INDUSTI			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	Ille. Do NOT us	,	at of working	100 100 100 100 100 100 100 100 100 100				
MPI	H. S. graduate	2	Co-o	wner		Searood	1 Раске	r & Shipper		
	17. FATHER'S NAME (First, Middle, Last)  Ralph Riggin					ME (First, Middle, Meiden Crockett	Surname)			
H	19a. INFORMANT'S NAME (Type/Print)		10h MAII ING	ADDRESS (Street o		Route Number, City or Town				
2	Mary R. Hall - (d	aughter)				Crisfield,		" 21817		
	20e. METNOD OF DISPOSITION  Comparison 3 Remarks	20b.	PLACE AND DATE O	OF DISPOSITION (Na	me of	DATE 20c. LO	CATION City of	or Town, State		
	4 Donation 8 Other (Specify)	Su	nnyridge	<sup>h</sup> emoria	1 Park 2	1/17/96 Cr	risfiel	d, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	73 11	i		shaw & S		al Home			
Щ	Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									
	23. PART I. Enter the diseases, or cahock, or heart fellure.	complications that caused List only one cause on as	the death. Do not inch line.	ot enter the mo	ds of dying, suct	n as cerdiec or respi	ratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Aut To My ocal dual who will be a four to the final disease or condition as the final death of the final disease or condition as the final disease of the									
	THE TO (OR AS A CONSEQUENCE OF):  TO A CASE OF THE STREET									
NO.	Sequentially list conditions, if any, leading to immediate  Dye TO (OR AS A CONSEDUENCE OF):									
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	tance	ma	Kin			0	drs		
1	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST									
A.	PART II. Other significant condition	s contributing to death bu	t not resulting i	n the underlying	cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
MEDIC						1 YES 2		COMPLETION OF CAUSE OF DEATH?		
Œ	DID TORACCO LISE CONTR	NOUTE TO CAUCE OF	DEATH VE	C = NO =	I IN ICEDIAN	/		1 TYES 2 NO		
IAN	DID TOBACCO USE CONTR		6. PLACE OF DEAT		UNCERTAIN	<b>ч</b> Ц ]				
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 1 Inpetient 2 - ER/Outpe		OTHER:	8 Residence	8 Other (Specify)				
훒	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI		JRY AT	28d. DESCRIBE NOW II	NJURY OCCURE	D		
B	1 Natural 5 Pending Investigation	11000 11000 11000		M 1 🗆 Y	ES 2 ND					
COMPLETED	2 Cutatide - I 28e PLACE OF IN III BY - At home form effect factors efficient									
PE	29s. CERTIFIER (Check only) (Ch									
Š	one)  ##EDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  D. BARHAN 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)									
2	Dr. M.D.Barhan, 4		isfield, Md. 21817							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					•		
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	After this certificate has been signed by the attending physician and completely filled in by the hourse and the burlat-transit permit. Pag		s marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
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	Afte	deat	E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 2. DATE OF DEATH DAY FEBRUARY 5, 1996 Clifford Doug Sullivan 2047 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) April 11, 1927 8. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. DAYS HOURS 217-24-3018 1 X M 2 - F 68 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Kent & Queen Anne's County Chestertown DIRECTOR Hospital Kent RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kent Chestertown X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 28 Kent Circle 21620 United States 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? XX YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexican, Puerto Rican, atc.)
1 YES 2 NO Specify: 11, MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES World War II BY White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementery/Secondary (0-12) College (1-4 or 5 +) Assistant District Highway Engineer State Highway 17. FATHER'S NAME (First, Middle, Last)
Clifford Edwin Sullivan 18. MOTHER'S NAME (First, Middle, Meiden Surname) Lillian Embrey BE 190. INFORMANT'S NAME (Type/Print)
Norma S. Sullivan 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stets, Zip Code) 2 228 Kent Circle, Chestertown, Maryland 21620 20a METHOD OF DISPOSITION
1 X Burlet 2 □ Cremation 3 □ Removal from State
4 □ Denation 5 □ Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE St. Glied Cenetery/February 9, 1996 Woodensburg, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Fellows, Helfenbein, & Newnam Funeral Home, P.A. William L. King Jr Directo 130 Speer Road, Chestertown, Maryland 2

23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. 130 Speer Road, Chestertown, Maryland 21620 Approximete Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition Cardiac Tacky arrhy Muice Minutes reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury (OR AS A CONSEQUENCE OF): that initiated events II - Nou Desitive Cependent resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☑ NO ☐ UNCERTAIN ☐ PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 - YES 2 - NO Inpatient 2 ER/Outpatient 3 DOA 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 26b. TIME OF 1 Natural 5 Pending Investigation BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

//Chack nniv. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee etated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner existed. 29b. SIGNATURE AND THE OF CENTIFIER DOO35 29d. DATE SIGNED (Month, Day, Year) BE Chi 216196 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) -100 Brown 2. REGISTRAR'S SIGNATURE Juna Daydson-Handall

rac o Ta 18 a

3. TIME OF DEATH

11:00

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify: White

1 YES 2 XNO

Approximata Severe

24b. WERE AUTOPSY FINDINGS

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

MAIL ARLE PRIOR TO

COMPLETION OF CAUSE OF DEATH?

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8. BIRTNPLACE (State or Foreig Country)

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retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be

be detached for use as the bunal-transit permit. Pages 1, 2, 3 should

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BOX 68760 DIVISION OF VITAL RECORDS, P.O.

funeral director, page 5 should completely filled in by the ial, cremation, or removal. executed in and com to burial, OR ATTENDING PHYSICIAN: The law requires that the death certificate be the attending physician Mental Hygiene prior to and and certificate has been signed h the State Dept. of Health a with 1 DIRECTOR: After the hours after death vitem 28 is mark TO THE HOSPITAL TO THE FUNERAL ID be filed within 72 h

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH Ruth Skinner January 31. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 095-30-6178 1 M 2 F 82 MONTHS DAYS HOURS VDC June 15. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Queen Annes 2508 McGinnis Road (AT HOME) Chestertown RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION Chestertown Maryland Queen Annes 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? United States 10f. ZIP CODE 2508 McGinnis Road 21620 SUTATS INTIGAM IN 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-1 Never Married 2 Married If yes, specify Cuban, Maxicon, Puerto Rican, etc.) 1 YES 2 X NO Specify 3 X Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION secify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Domestic/Own Home 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Maude Pinchpeck John A. Clarke 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2508 McGirmis Road, Chestertown, MD 21620 Charles A. Skinner 20a, METHOD OF DISPOSITION
1 Xeuriel 2 Cremation 3 Removal from State
4 Donation 5 Other Confes 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Suffersyille Cemetery/January 31, 1996 Sudlersville, Maryland Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Homes, P.A. William L. King, Jr./Director 370 W. Cypress St., PO Box 270, Millington, MD 21651 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Multiple Stockes

DUE TO (OR AS A CONSEQUENCE OF):

Cerebro vasceilar disagre diseese or condition reauiting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 4-NO

DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DEA	TH YE	s 🗆	NO UNCERTAI	N 🗆	1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL	26. PLAG	26. PLACE OF DEATH (Check only one)								
1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	HOSPITAL: OTHER: 1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Name 5   Residence 8   Other (Specify)								
27. MANNER OF DEATH  1 A Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		28c. INJURY AT WORK?	28d. DESCRIBE NOW INJURY OCCURED	_				

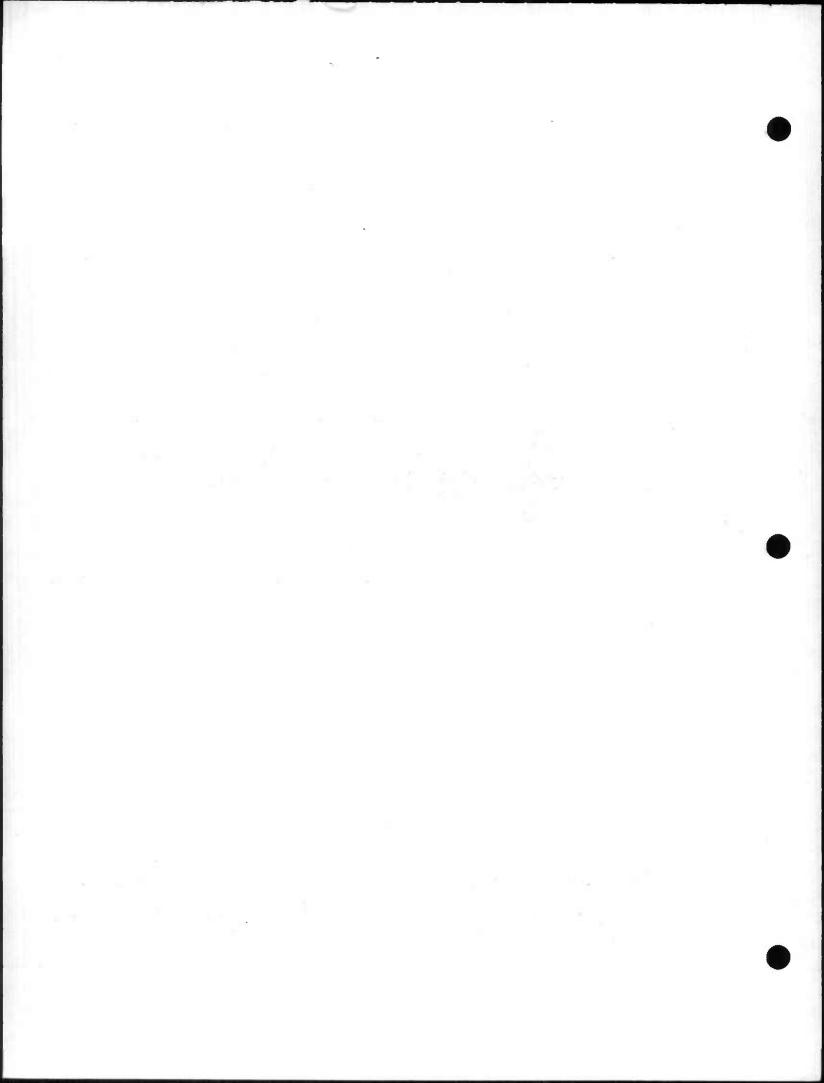
29e. CERTIFIER
1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated.

28a. PLACE OF INJURY - At home, farm, street, factory, office

one) 2 MEDICAL EXAMINER: On the beals of examination end/or investigation	n, in my opinion, desth occured at the time, data and place,	end due to the cause(a) end menner as stated.
SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

				000	WI	
7	NAME A	NO ADDRESS	WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	34.	Ches	Jp,

31. DATE FILED (Month, Day, 32. REGISTRANIS SIGNATURE '96 Julia Davidson-Randale



DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

-	112010111111			LITTI	ICAL	COF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Arthur	C+	ubbs						TE OF DEATH	M 0	, XEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER							-	Oruary"	12,		
	215-01-4528	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. Is	est birthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	e of Birth nth, Day, Year) ptembe	r19	Countr	PLACE (State or Foreign
E .	9a. FACILITY NAME (If not institution, give st VA Mary Land Hea.	lth Care	System		эь. сгр	erry	POINT				INTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT											
R	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland Ken	t		Ro	ck I							1 TES 2 NO
FUNERAL		1				101	ZIP CODE					/HAT COUNTRY?
¥	21045 Haven Roa	12. WAS DECEDENT	T EVER IN U.S. A	AMED	112	WAS DEC	21661 ENDENT OF HISPAI		MAPS (Panella, Mar		JSA	A == 100 T = 10
F	t Never Married 2 🔀 Married	FORCES? 1	YES 2 AR OR DATES	NO		If yes, sp	ecity Cuban, Mexica 2 X NO Specif	an, Puert	o Rican, etc.)	or no—	Black	— American Indian, , White, etc.
Э ВУ		Nov.10,	1943-F	eb.3	, 19	46	T TO OPECA				<b>Зрес</b> п	White
Ë	15, DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(	Give kind of vie. Do NOT us	vork done	during mo	ON st of working	.10	b. KIND OF BUS	INESS/INI	DUSTRY	
COMPLETED	12yrs.	College (1-4 or 5 +	) "		ine			1,	maric	an (	an i	Company
OM	17. FATHER'S NAME (First, Middle, Last)			Dire	THE	CL	16. MOTHER'S NA	_			Jan	Company
BE C	Albert M. Stub	bs					Floren			,		
10 B	19a. INFORMANT'S NAME (Type/Print)		11	96. MAILING	ADDRES	S (Street a	nd Number or Rural	Route Nu	mber, City or Town	, State, Zij	Code)	
F	Audrey M. Stub	bs (wi	fe) 2	21045	На	ven	Rd. Ro	ck	Hall,	Md.	21	661
	20a. METHOD OF DISPOSITION 1 Disposition 3 Remo	val from State	20b. PLACE	AND DATE O	oF DISPOS	SITION (No	me of	DA	TE 20c. LOC	ATION —	City or To	wn, State
	4 Donation 5 Other (Specify)	DATE /	Capi	tol	Crei	nato	ry Feb	.13	,1996	Dov	er,I	elaware
- 1	Hom B	51	1,00		Fe	11ows	,Helfenber	in,&N				
	23. PART I. Enter the diseases, or co	omplications that	caused tha d	leath. Do n	ot enter	tha mo	er Road, (	nest	ertown, I	atory an	and ZI	Approximata
	shock, of heart failure. L	lat only one caus	se on aach iin	a.								interval Between Onset and Death
	disease or condition resulting in death)	Bilat	eral Pr	neumor	nia							1 month
		DUE TO	OR AS A CONSE	EOUENCE OF	7):							
S O	Sequentially list conditions,	DUE TO	OR AS A CONSE	COURT OF OR								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	502 10 (	OH AS A CONSE	OUENCE OF	·):							
Ē	CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSE	EQUENCE OF	7):							
	resulting in death) LAST											
	PART ii. Other algnificant conditions	contributing to	daath but not	reauiting i	n the ur	darlying	cause given in	Part i	24a. WAS AN	umpev	245	WERE AUTOPSY FINDINGS
EDICAL	CVA								PERFORI	WED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
									1 U YES 2	⊠ ио	4	OF DEATH?
ž∥	DID TOBACCO USE CONTR	IBUTE TO CAL	USE OF DEA	ATH YE	S 🗆 I	NO E	UNCERTAIL	N $\square$				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CE OF DEAT	H (Check	only one)						
Ž	1 TYES 2 NO	1   Inpetient 2	ER/Outpetient	3 🗆 DOA	4 XNun		6 - Residence	6 🗆 Ott	ner (Specify)			
	27. MANNER OF DEATH  1 🕅 Natural 5 🔲 Pending	28a. DATE OF I (Month, De		28b. TIME	E OF URY		RK?	28d. Di	EȘCRIBE HOW IN	JURY OC	CURED	
à l	2 Accident Investigation	28a PLACE OF	INJURY — At h	ama fam a	M	1 🗍 ነ						
	3 Suicide 6 Could not be detarmined	building, e	etc. (Specify)	ome, tarm, s	Armet, TMCE	ory, onic		281. LO	CATION (Street ar y or Town, State)	nd Number	or Aurai A	oute Number,
COMPLET	29a. CERTIFIER (Check only one)  1 X CERTIFYING PHYSIC MEDICAL EXAMINER											
- 18	29b. SIGNATURE AND TITLE OF CERTIFIER		- Interior Bridge	investigation		pirinori, u			te and place, and			
BE	STATE AND THE OF CEALING	ron	7			15.1	D20215				2/12/	(Month, Day, Year)
۹ ا	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)						-,/	
	KARMACHANDRA S.	NAIR, M	.D.	VA Ma	ryla	and I	Health C	are	System	Per	rv P	oint, MD
5	31. DATE FILED (Month, Day, Year) FEB 1 3 '96	32. REGISTRAF	r's SIGNATURE						_ / _ ( /			<u> </u>
	1ED 1 2 9h	90	na wavids	on-Man	delle							I

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible,

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Feb. Dey 1996 Year **Physician** 7 Helene Monika Subers 7:00 AM /Medical 4a. Facility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Memorial Hospital at Easton Easton Talbot If Under 1 Year If Under 24 Hrs. 6. Date of Birth Months Days Hours Min. (Month, Day Year) 7. Age (In yrs. lest birthday) 9. Birthplaca (Stata or Foraign **Funeral** 10M X F Months 213-42-0645 Heidelberg, Germany Director Usuel Rasidance of Decedent death with the Maryland 10e. Stete 10c. City, Town or Location 10b. County 10d, Inside City Limits or 28a-f show the Medical Examiner must be notified at Maryland Kent Betterton XXYes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 116 Ericson Avenue USA 21610 238 Funeral 12. Wes Decedent Ever In U,S.
Armed Forces?
1 Yas 2 No
If Yes, Give Herns Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Race - Amarican Indien, Black. White, etc. Pages 1 and 2 should be filed within 72 hours after near of Heelih end Mertel Hygiena. ant: if item 27 is marked other than "natural", or item ury or other traumatic event, the Medical Evention ury or other traumatic event, the Medical Evention. 1 Never Married 2 Merried 3altimore, Maryland 21215-0020 1 Yas 2 No White Specify: þ 3 ☐ Widowed 4 ☐ Divorced Yaer or Detes: Completed 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest greda completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) 12 College (1-4or 5+) Homemaker Domestic/Own Home 17. Fether's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Karl Julius Krembsler Karolina Anna Laub 19e. tnforment's Neme/Ralationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Heidi Fahrman/Daughter PO Box 113, Betterton, Maryland 21610 20b. Piece of Disposition (Neme of cematery, crematory or othar place) 20a. Method of Disposition
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from Stata 20c. Location - City or Town, Stata permit. Pages
Department of
Important: If it
any injury or o Still Pond Cemetery/February 10, 1996 Still Pond, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Sarvice License 22 Nama and Address of Eacility Fellows, Helfenbein, & Newnam Funeral Home, P.A. William L. King, Jr./Director 130 Speer Road, Chestertown, Maryland 21620 23a. Part1. Enter the disaasa, or complications that cause of shock, or heart tailure. List only one cause on each the adaath. Do not enter the mode of dying, such as cardiac or respiratory errest, Physician q'unthy Immedieta Cause (Finel disaasa or condition resulting in deeth) Hunord Carcenona /Medical Examiner Examiner ettending physician and for use as the buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consaguance ot): Box 68760. Physician/Medical Dua to (or es e consequence of): for use ed by the e P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ata hes been signed by page 2 should be detact 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy findings eveileble prior to completion of cause of death? Completed 24e. Wes an autopsy 1 Yas 2 No certificata 1 □ Yes 2 □ No Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifics 25. Wes case reterred to medical examiner? Be 26. Place of Deeth (Check only ona) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2√No 20 1 Inpatient 2 ER/Outpatient 3 DOA funeral 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be datarmined 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, State) Piece of Injury - At home, ferm, street, tectory, office building, etc. (Specify) filled in by 4 Homicide edicai 29a. Certifier 🕊 Cartifying Physician: To the best of my knowledga, daath occurred et tha time, date end piece, end due to the causa(s) and menner as stated. To the Hosp within 24 ho To the Fune completely f (Check only 2 Medical Examiner: On the basis of axamination and/or investigetion, in my opinion, deeth occurred at the time, date end piece, and due to the ceuse(s) and mannar stated. Σ 29b. Signature and title of certifiar 29c. Licansa number 29d. Date signad (Month, Dey, Year) 30. Name end eddrass of person who completed cause ot death (Item 23a) (Type, Print) SMITH, M.D., 509 IDLEWILD AVENUE, EASTON, MD 21601 DAVID H. 32. Registras Signature
Juna Davidson-Randale 31. Data filad (Month, Dey, Year) State FEB Registrar

**DHMH 16 Rev 6/95** 

FOR STATE REGISTRAR 1 -MD. 30912

the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. use as ĮQ. 5 should be detached notified at pe must funeral director, examiner completely filled in by the medical ŏ the cremation, event, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed burial, traumatic and prior to attending physician or other the attend signed by the of. of Healt. certificate has been the State Dept. of the State Dept. of them 23 sh this c is marked, After

Pages 1, 2, 3 should

permit.

**MARYLAND 21215-0020** 

BALTIMORE,

BOX

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DIVISION OF VITAL RECORDS,

DIRECTOR: A hours after d

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TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR FEB. 6, LOUIS J.STRUSH 1996 8:30 P. 7. DATE OF BIRTH (Month, Day, Year) FEB. 11, 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS HOURS 63 1 M 2 F MD. 222-18-4773 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 30912 JOHNSON ROAD SALISBURY WICOMICO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 TES 2X NO WICOMICO SALISBURY FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? JOHNSON ROAD 21801 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FURCES? 1 YES 27 NO If yea, specify Cuban, Mexican, Puerto Ricen, atc.) 1 Never Married 2 Married 1 YES 2 NO Specify Specify BY 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Ħ Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL TECHNICIAN PEST\_CONTROL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRANK STRUSH ANNIE TAYLOR GRAY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BETTY JEAN STRUSH 30912 JOHNSON ROAD, SALISBURY, MARYLAND 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of 20a. METHOD OF DISPOSITION
1 Duriel 2 Cremetion 3 Removal from State
4 Donation 5 Coupe (Specify) ENTOMMENT DATE 20c. LOCATION - City or Town, State WICOMICO MEM. PARK SALISBURY, MD 2/14 21. SIGNATURE OF PUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BOUNDS FUNERAL HOME, SALISBURY, MD. 21801 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart failure. List only one cause on each line. Approximate intervel Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition 10 YEARS reaulting in death) 2 YEARS CERTIFICATION Sequantially list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF) cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES M NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** 4 Nursing Home 5 Residence 8 Nother (Specify) HOS PICE OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28c. INJURY AT WORK? 28+. OATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 ND BY Investigation 2 Accident 28s. PLACE OF INJURY — All home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

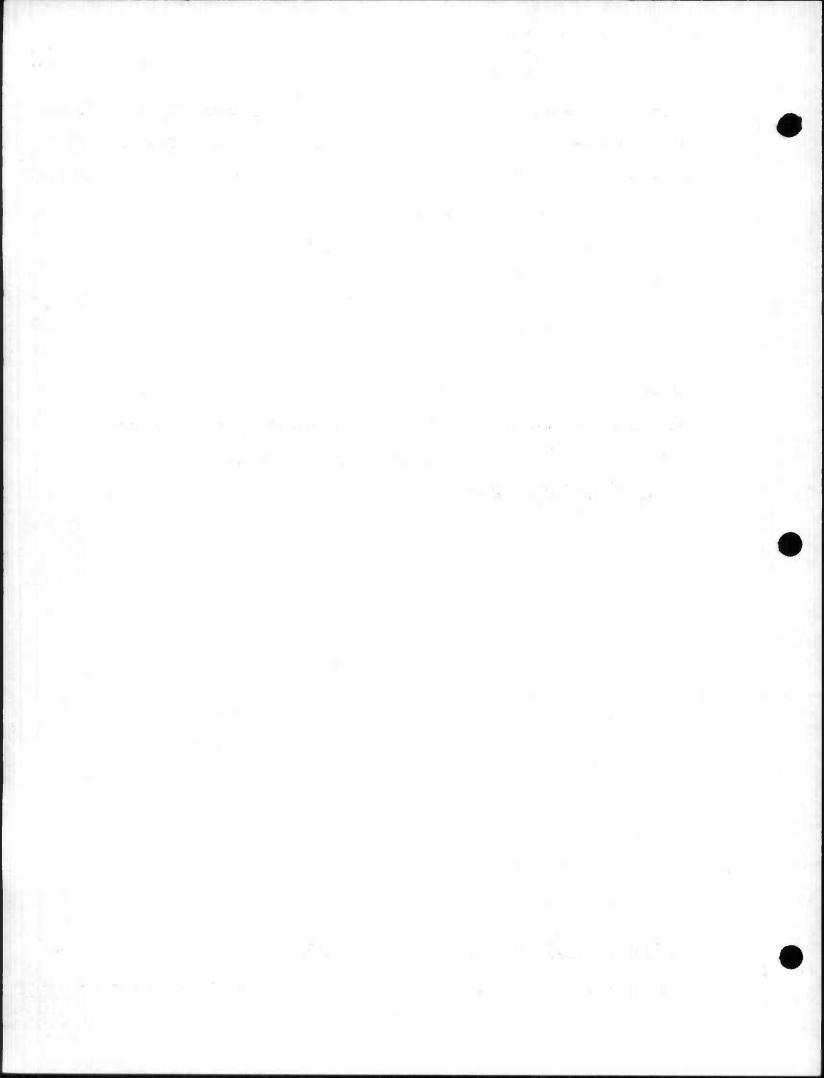
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNAGURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE BIGNED (Modifi, Day, Year) BE D35485 M.D sternes NZa 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) STREET, SUITE 101, 106 MILFORD SALISBURY, MD 21801 31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE
Julia d'Audison Randell FEB 0 9 1996

# Please Type or Print in Black Indelible ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate of	Death		Reg. No.		00002		
	Dhusia	ian	1. Decedent's Neme (First, Middle, La	st)	- 4				2. Dete of De		Yaar	3. Time of Deeth		
	Physic /Medi		Betty Jane St	udds					Februar			3:30 pm		
7	Exami	ner	4a. Facility Name (If not institution, giv	e street end number)				4b. City, Town, or L			of Deeth			
			4006 15th Street	T	4		If Lindos 4 Voos	Chesapeak	e Beach	Calv				
	Funeral Director		5. Sociel Security Number 8. S 579 28 9712	ex 7. Age 69 69	(In yrs. las	Yrs.	Months Days		8. Data of Bir (Month, De Oct. 15	th by, Year) 1926	9. Birthpl Count Wash	eca (Stete or Foreign ry)  DC		
	/land		10e. Stete 10b. County			own or Loc					10	d. Inside City Limits		
	a-f st	cto	MD Calv	ert	Chesa	apeak	e Beach					1 Yes 2 □ No		
	th with the	ai Director	10e. Street and Number 4006 15th Street				10f. Zip Code	20732		10g. Citizen of \	Whet Count	usa		
21215-0020	n 72 hours after death with the Manyand "naturel", or Herns 23a or 28=f show adreal Examinet must be notified at	by Funeral	11. Marital Status 1 ☐ Nevar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Dacedant Ev Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Detas:		If	Vas Dacedent of Yas, specify Cub ☐ Yes 2½ No	Hispenic Origin? (Spoan, Mexican, Puerto Specify:	pecify Yas or No Rican, etc.)		e - Amarica ck, White, e			
5-0	72 h	Completed	15. Decedent's Ed (Specify only highest gra		1	(Give I	ent's Usuel Occu	during most of world	king	16b. Kind of B	usiness/Ind	ustry		
121		mpi	Elementery/Secondary (0-12)	College (1-4or 5+		life. D	OO NOT usa retire	ed)						
d 2	e filed value in Hygie other t	ပိ	10 17. Fether's Nema (First, Middle, Last)		V	Vaitre	ess	18. Mother's Nam	e (First Middle	Restau				
an	ed be cod o	o Be	Ernest W	Morri	ssett	-6		Audrey	Н		imms			
Maryland	gas 1 and 2 should be filed within to Health and Mental Hygiena. If Item 27 is marked other than or other treumatic event, the Me	To	19e. Informent's Neme/Reletionship (				g Address (Stree	t end Number or Ru				Code)		
	Health ar Health ar tem 27 le		John H. Studds/h	usband	I	20 Box	x 256, C	hesapeake	Beach.	MD 20	732			
ore,	Tem tem		20e. Method of Disposition		20b. Plac	aca of Disposition (Neme of metery, cremetory or other place)  Date 20c. Location - City or To						vn, Stete		
Ĕ	Page nent any o		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetlon 5 ☐ Other (Specify	(/)			ln Cem.		-17-96	Brentwo	od, M	D		
Baltimore,	permit. Pagas 1 ar Department of Hea important: If Item 2 any injury or other once.		21. Signeture of Funeral Servica Ligar	300 7 1 Pf	2		Nema end Addr	Antic September			0070			
			23 Pert 1. Enter the disease, or com-	olications that calls of the	he deeth			neral Hom			2073	Approximate		
	Physician		shock, or heart feilure. List only	one ceuse on each line		DO HOL GINE	in the mode of dy	ing, odori os odrado	or respiretory a	,,		Intarval Between Onset end Deeth		
	/Medical		Immediate Cause (Finel disasse or condition resulting in death)  e. Squamous Call Carcinoma - primary Img											
	Examiner		resulting in deeth)	e. Squaw	ue to (or e	e consequ	uence of):	om 1	brimery	ing	1	Jee-1		
	D #	ner						ic lorge						
	rificate be executed ng physician and as the burial-transit	Examiner	Sequentially list conditions,	b		e consequ			.8					
60,	cian c													
68760,	physic the l	Medicai	that initiated events rasulting in daath) Lest	Di	ua to (or as	a consequ	ience of):							
	E 2 a			d										
Вох	es that the death ce igned by the attendi be datached for use	Physician/	B		F 6/300 and	n a transiene		Kal Propin		100000000000000000000000000000000000000				
P.O.	the d	hys	Part II. Other significant conditions of	ontributing to death but	not rasultir	ig in the un	derlying cause gi	ven in Pert I.		tobacco use co Yes 2□ No		the cause of death? ably 4 Unknown		
ري ت	ned t	by P	Curhosis						'A	798 2010	<b>3</b>   1100	ably 4 Distribution		
Division of Vital Records,	v requir been s should	Completed t	Esophaged	Shichme					24e. Wes	en eutopsy ormed?	eva	re autopsy findings ilable prior to appletion of cause eath?		
æ	The lay ta has	E	•						10	Yes 20 No	1 🗆	Yes 2□ No		
ta	ysician: The lav s certificata has director, paga 2	Be C	25. Was case referred to medical examiner?					26. Plece of Dea	th (Check only	one)				
Ž	hysic his ce	2	1 ☐ Yes 2 No	Hospitei: 1 ☐ Inpatient	2□ER	/Outpatient	3LI DON	her: 4 Nursing H	ome 5 Resi	dence 6 □Oth	er (Specify	)		
ion	Attending Physician: ir death. ector: After this certific by the funeral director,		27. Manner of Deeth  1 Neturel 5 ☐ Panding 2 ☐ Accident investigation	28a. Dete of Injury (Month, Dey	Year) 28	b. Tima of Injury	M 1	ıryat brk? ]Yes 2∐No	28d. Describe	how injury occur	red			
Divis	aftar de Directo	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homloide determined	28a. Placa of Injury building, etc.						ation (Streat and Number or Rural Routa Number, or Town, Stete)				
	To the Hospital or Attending Phys within 24 hours after death.  To the Funeral Director: After this completely lilled in by the funeral director.	edical C	29a. Certifier (Check only one) 1 Certifying Ph	ysician: To the best of siner: On the basis of each mannar state	xamination	dge, deeth end/or inv	occurred et the ti estigation, in my	ime, dete end plece, opinion, deeth occur	end due to the red et the time,	ceuse(s) end me date end pleca,	end due to	eted. the cause(s)		
	o the o the omple	Me	29b. Signature and title of certifier	)			29c. Licen	se number		29d. Dete signe	d (Month, L	Day, Year)		
	->-0		Man-	h m			D 3	18991		Februe	ca 15	. 1996		
	6		30. Name end eddress of person who			Ba) (Type, F								
,	9			ME MS		100 HO	SO ITAL	ROAD	PRINCE	FEEDE	AICK	81006 am		
	Sta		31. Dete filed (Month, Day, Year)	32. Registrer	s Signeture	0 .								
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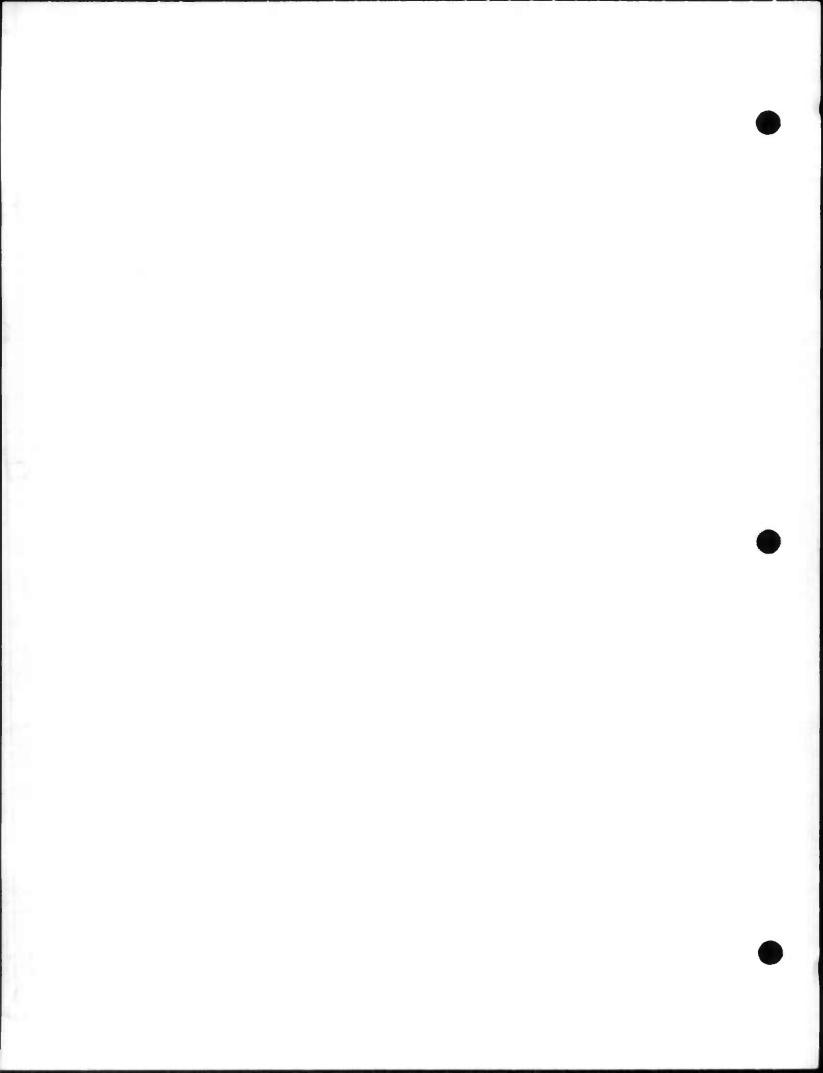


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

hours after death. Page 6 may be retained by the hospital or attending physician. and in his the funeral director name 5 chould be described for use as the buried toward. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within TIT THE FINNERAL DIRECTIONS: After this excriticate has been sinned by the attendion physician and commission.

(6)	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH				
100	Joseph Wayr					996					
123	4. SOCIAL SECURITY NUMBER 219-34-5168	5. SEX 6. AGE (1)		F UNDER 1 YEAR IF UNDER 24 ONTHS DAYS HOURS	MIN. 7. DATE OF BIRTH (Month, Day, Year) March 22, 1	Co	RTHPLACE (State or Foreign untry)  ryland				
H(	9a. FACILITY NAME (If not institution, give s		9	b. CITY, TOWN OR LOCATION		9c. COUNTY O	FDEATH				
DIRECTOR	1 E. Baltimore Street Hagerstown Washington  RESIDENCE OF DECEDENT  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY										
	Maryland	Washington		Hagerstown		Table OFFITTING	LIMITS?  1 X YES 2 NO F WHAT COUNTRY?				
FUNERAL	1 E. Baltimore S			21740		USA	F WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 1 NO	If yes, specify Cuben,	HISPANIC ORIGIN? (Specify Ye Maxican, Puerto Rican, etc.) Specify:	В	ACE — American Indian, lack, Whita, etc. pecify: White				
PLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use if driver	k done during most of working	16b. KINO OF BU	SINESS/INDUSTR					
COMPL	17. FATHER'S NAME (First, Middle, Last)			18, MOTHE	R'S NAME (First, Middle, Malden	Surname)					
ш	John Alfred	Swisher		111111111111111111111111111111111111111	THE OF E SPECE IN VOICE	abeth	Magaha				
TO B	19a. INFORMANT'S NAME (Type/Print) Hope A. Lowery			DDRESS (Street and Number or	Rural Route Number, City or Tow gerstown, Mar	vn, State, Zip Code)	21740				
	20a. METHOD OF DISPOSITION  1										
	22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
	ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on ea	och ilna.	4			Approximate interval Bets Onset and E				
ATION	disease or condition resulting in death)  a. Our TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.										
4	PART II. Other algnificant condition	a contributing to deeth be	ut not resulting in	tha underlying cause giv	PERFO	RMED?	4b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU				
MEDIC					1 _ YES 2	DE NO	OF DEATH?				
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YES	□ NO □ UNCE	RTAIN 🗆						
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	(Check only one)							
PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 ☐ Inpatient 2 ☐ ER/Output  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WORK?	28d. DESCRIBE HOW	INJURY OCCURED					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined detarmined 4 Homicide detarmined  M 1 YES 2 NO  28e. PLACE OF INJURY — At home, farm, street, factory, office  28t. LOCATION (Street and Number or Rural Reconstruction City or Town, State)										
COMPLET		CIAN: To the best of my knowle					e(a) and manner as state				
$\aleph$ 1	296. SIGNATURE AND TITLE OF CERTIFIER	the Or A	22>	29c. LICENS	e NUMBER USY ERSTOWN MA	29d. DATE SIGN	ED (Month, Day, Year)				
TO BE CO	30. NAME AND ADDRESS OF PERSON WH	O COMBI EXENDING OF	711 (1751) (								



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DIVISION OF VITAL RECORDS,	on strength or profession that have been show that death and the secondary within It has
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR <u>Barbara Leigh STARLIPER</u> 1996 February 3:36P 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. lest birthday) IF UNDER ! YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 - M 2 XF 186-28-6310 60 Aug. 13, 1935 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Doctors Community Hospital Lanham Princes Georges RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Prince George Cheverly 1 YES 2 XNO FUNERAL 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3508 Cheverly Avenue 20785 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— it yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 YES NO Specify Specify: BY 3 Widowed 4 Divorced White ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life, Do NOT use retired.) Ш Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10 Bill Collections Hospital once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F Lloyd A. Starliper Dora C. Sease notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Catherine T. 4303 Lemmon Tree Lane, Houston, Tx. 77088 Patton pe 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State
4 Denesion 1 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Smithsburg Crematory Smithsburg, Md. examiner 22. NAME AND ADDRESS OF FACILITY 0849 Snyder-Lochstampfor F.H., Inc. 48 S. Church St., Waynesboro, Pa. medical PART I. Enter the diseased, 67 Appro7in268 shock, or heart failure. List only one cause of Onset and Death IMMEDIATE CAUSE (Final the disease or condition MYOCARDIAL INFARCTION ACUTE HOURS event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? t TYES 2 X NO shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN X PHYSICIAN: 23 26. PLACE OF DEATH (Check only one 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TES 2 NO the to 27. MANNER OF DEATH 28b. TIME OF 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide L DIRECTOR: A hours after do item 28 is .69 6 Could not be ETED 4 Homicide 29s. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 HOSPITANT: If IN 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED, (Month, Day, Year) BE 219196 D26230 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KATIKINENI 6405 KENILWORTH AVE, RIVERDALE MD DAREGISTRAR SIGNATURE

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE				
100	1. DECEDENT'S NAME (First, Middle CHARLES		/AKER		2. DATE OF DEATH DAY		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR   IF UNDER 24 HRS.	February 1		HPLACE (State or Foreign		
	217-32-5248	1 <del>2</del> M 2 □ F 62	YRS. MO	ITHS DAYS HOURS MIN.	(Month, Day, Year) 2-23-1933	Count	yland		
	9a. FACILITY NAME (If not institution	in, give etreet and number)	96	CITY, TOWN OR LOCATION OF D		9c. COUNTY OF			
DIRECTOR	17307 West Was	hington Street		Hagerstown		Washin	gton		
1	1	COUNTY	10c. CITY, TO	OWN OR LOCATION			10d, INSIDE CITY		
	Maryland 100 STREET AND NUMBER	Washington	Hage	rstown			1 YES 2 X NO		
FUNERAL		-lain-t Cl		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
N.	11. MARITAL STATUS	shington Street 12. WAS DECEDENT EVER		21740		U.S.			
	1 Never Merried 2 Marrie	FORCES? 1 YES	2 🕝 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico	n, Puerto Rican, etc.)	or No— 14, RAC Blac	E — American Indian, k, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 ☐ YES 2 🔀 NO Specif	y:	Spec	White		
9	15. DECEDENT (Specify only higher	T'S EDUCATION est grade completed)	16a. DECEDENT'S USE	AL OCCUPATION done during most of working	166. KIND OF BUSH	NESS/INDUSTRY	WILCO		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use rei	ired.)					
MP	12 years 17. FATHER'S NAME (First, Middle, I		Manager o	f Operations	Truckin				
					ME (First, Middle, Malden So				
BE	Charles Milton		401 1101 110 110	May Na	omi Otzelbe	rger	4 ( )		
5	Joyce C. Shuma	,		PRESS (Street end Number or Rural			04540		
	20a. METHOD OF DISPOSITION	20		est Washington	DATE 200. LOCA				
	1 Donation 6 Other (Special Control of the Control	☐ Removal from State	motors compton as other	Mem. Park 2-14	1				
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	caar bawii i	22. NAME AND ADDRESS OF FA	CILITY		Maryland		
	1 / Jane	land Fine		Douglas A. Fie	ery Funeral	Home			
	23. PARTU. Enter the disease	s. or complications that cause	id the death Do not a	1331 Eastern 1	Blvd. N. Had	gerstown	Approximate		
	shock, or heart for immediate CAUSE (Fine)	allure. List only one cause on	esch lina.		ii aa cardiac or respire	nory arrest,	Interval Between		
	disease or condition resulting in death)	Carren	of the	Pancieare Confrontin			Onset and Death		
	resolding in death)	DUE TO (OR AS	A CONSEQUENCE OF):						
Z	Sequentially list conditions,	Spma	e Cord	Compression					
¥	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	<i>U</i>					
임	CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF:						
CERTIFICATION	resulting in death) LAST								
	PART II Other cleritions of	di.							
MEDICAL	PART II. Other aignificant col	nditions contributing to death	but not resulting in th	a underlying cause given in	Part i. 24s. WAS AN AL PERFORM		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
ă					1 YES 2 _	NO	OF DEATH?		
	DID TORACCO LISE C	CALICE TO CALICE (	DE DEATH VEC	7.10 5/111/255		i	1 - YES 2 - NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MED	ONTRIBUTE TO CAUSE O	26. PLACE OF DEATH (C		и Ц Г				
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	OT	HER:					
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence	8 ☐ Other (Specify)  26d. DESCRIBE HOW INJ	URY OCCURED			
ВУР	1 Natural 5 Pendin 2 Accident Investig		INJURY	WORK?  M t YES 2 NO	- M III				
	3 Suicide 6 Could	28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,							
COMPLETED	4 Homicide determ	ined			City or Town, State)				
P	29e. CERTIFIER (Check only	PHYSICIAN: To the best of my know	wledge, death occurred at	the time, date end place, end due	to the cause(s) end menne	er es stated.			
Š	one) 2 MEDICAL E	XAMINER: On the baels of examinetic	on end/or inveatigation, in	my opinion, death occured at the	time, date and place, end	due to the cause(e	) and manner es stated.		
ш	296. SIGNATURE AND TITLE OF CE	1 . 1		29c. LICENSE NUN	IBER 2	9d. DATE SIGNED	(Month, Day, Year)		
TO B	meln	126	ms		136	12-13	-96		
	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF DE	- 1/ 1	) 11.	. /	000	2.015		
	31. DAYE-FILED (MOORE DOWN	nun,IIID IIC		venue Haa	erstown	INDA	(1740		
	FEB 1 4 1996	32 REGISTRAR'S GIG	NATURA .						
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1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	TIEGIOTI D'AT			JEINI II	IOAIL	OI	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  Hazel M	Stev	ant.					2. DATE OF	DAY		3. TIME OF DEATH 996 7:55A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last hirthday)	IF UNDER	VEAD	IF UNDER 24 HRS.	Febr			996 7:55A M	
	172 20 7290	1 🗆 M 2)	84	YRS.	MONTHS	DAYS	HOURS MIN.		26712	2	Maryland	
	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN O	R LOCATION OF	DEATH		9c. COUNT	Y OF DEATH	
	Colton Villa N	Nursing	Home		J	lage	erstown	า		Wash	ington	
1	10a. STATE 10b. COUNT	TY		10c. CIT	TY, TOWN O	LOCAT	TON				10d. INSIDE CITY	
5	Maryland Wa	shingto	on		Hage	erst	town				LIMITS?	
	10e. STREET AND NUMBER		TALE		144	101.	. ZIP CODE			-	N OF WHAT COUNTRY?	
	750 Dual Highw	7					21740		- 2	US		
	1 Never Merried 2 Merried  3 Widowed 4 Divorced		NT EVER IN U.S. 1 YES 2 [] WAR OR DATES		10	yes, spe	ENDENT OF HISPA ecity Cuban, Maxic 2 NO Spec	an, Puarto Ric		or No.—   14	Black, White, etc.  Specify: Black	
3	15. DECEDENT'S ED (Specify only highest grad		18a.	DECEDENT'S (Give kind of				16b. K	IND OF BUSI	NESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		‰. ∞ мот и l'each	se retired.)							
	17. FATHER'S NAME (First, Middle, Last)							AME (First, Mid	ducat			
TO BE COMPLET	Walter Fredric	k Gantz	2					ence			intz	
	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural				ode)	
•	Jo Anne Stewar	t-Scher	ick	16 W.	.16th	St	t.#8NN	N.Y.	, N.Y.	. 100	11	
	20a. METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Rec	noval from Stata		CEAND DATE				0ATE			y or Town, State	
	4 Donation 5 Other (Specify)	ICENSEE	- I Ceda	ar La	awn M	IEIN .	.Pk.2/	ACHTY.	пас			
	22. NAME AND ADDRESS OF FACILITY Watsons Funeral Home 24WBethel St. Hagerstown, MD. 21740											
-	23. PART I. Enter the diseases, or		VVVV	12								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	LONG DUE TO BUE TO	ESTI	ve	HEF	R.	T JAI	Lure			144EAKS	
באוורו	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):								404EAR			
EUICAL C	PART II. Other algnificent condition					ierlylng	g cause given in	n Part I. 2	4a. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
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CIAN	25, WAS CASE REFERRED TO MEDICAL										/	
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PHY	27. MANNER OF DEATH	26a. DATE O	F INJURY	28b. TIR		ng Home 28c, INJI	o 5 ☐ Rasidence	1		JURY OCCU	RED	
BYP	1 Natural 5 Pending 2 Accident investigation	tural 5 Pending (Month, Day, Year) INJ					RK7 VIVES 2 NO		28d. DESCRIBE HOW INJURY OCCURED			
2	3 Suicide 8 Could not be	street, factory, offica  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Rural Route Number,					
	4 Homicide detarmined	building	NIA (Specify)						DIA			
	onel	SICIAN: To the best of									cause(s) and menner as stated.	
ч	296. SIGNATURE AND TITLE OF CERTIFI	ER /				Т	29c. LICENSE NU	IMBER	T	and DATE C		
3	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGN  297. LICENSE NUMBER  296. DATE SIGN  297. LICENSE NUMBER  298. LICENSE NUMBER  298. LICENSE NUMBER								HGNED (Month, Day, Year)			
7 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)										IGNED (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	11				D 283	365	1.0	▶2	HIGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON VI 36 8 MILL S	TREET	11	ERS-		N .	D 283	217	42	▶2.	HIGNED (Month, Day, Year)	

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit per the filed within 72 hours after death with the State Denn of Health and Mental Huntene prior to harial cremation, or removal	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING	ECTOR: After	n 28 is ma
OSPITAL OR	MERAL DIR	NT: If item
TO THE H	TO THE FI	IMPORT)

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. OECEOENT'S NAME (First, Middle, Last) 2. OATE OF DEATH 3. TIME OF DEATH KATHRYN IRENE STEVENSON February 996 8:15 p.m. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year, 6. BIRTHPLACE (State or Foreign 192-32-9360 1 | M 2 | F MONTHS DAYS HOURS Franklin Co., PA Feb. 1. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Fahrney-Keedy Nursing Home Boonsboro Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10h COUNT 10d. INSIDE CITY MD Washington Boonsboro 1 TYES 2 NO FUNERAL 10. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8507 Mapleville Road, Boonsboro, MD 21723 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cubsn, Maxican, Puarto Rican, etc.)

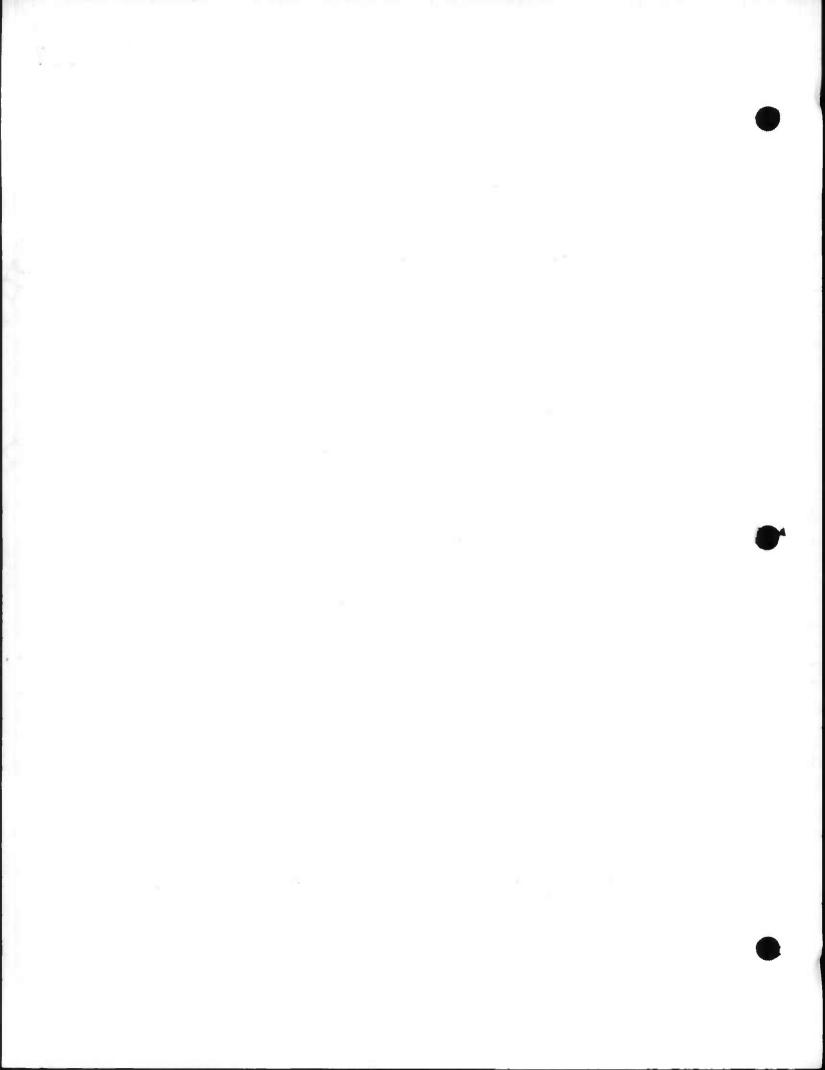
1 YES 2 NO Specify: 1 Never Married 2 Married Specify: white BY 3 🕅 Widowed 4 🗌 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT usa retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) Teacher Public Schools 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) James C. Heefner Katie Ellen Brindle BE 19a. INFORMANT'S NAME (Type/Print. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1102 Hamilton BLVD., Hagerstown, MD 21742 Bruce H. Stevenson 20e-METHOO OF DISPOSITION
1 A Burlal 2 Cremation 3 M Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Ringgold Cemetery 02/1
22. NAME AND ADDRESS OF FACILITY 4 Oonation 5 Other (Specify) 02/15/96 Ringgold,MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 50 S. Broad Street, Waynesboro, PA 17268 James Bowersox Grove Funeral Home, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition Pneumonia one week reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Athroselerotic Cardiovascular Disease 2 yrs. CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Congestive Heart Failure 2 yrs. CAUSE (Diseese Dr injury DUE TO (OR AS A CONSEQUENCE OF): Chronic Renal Failure thet initiated events 2 yrs. resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE Multi-Infarct Dementia 1 TYES 2 X NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO XX UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcida 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide detarmined CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE mi 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

LAPPANS

20311

5 1996

32. REGISTRAR'S SIGNATURE



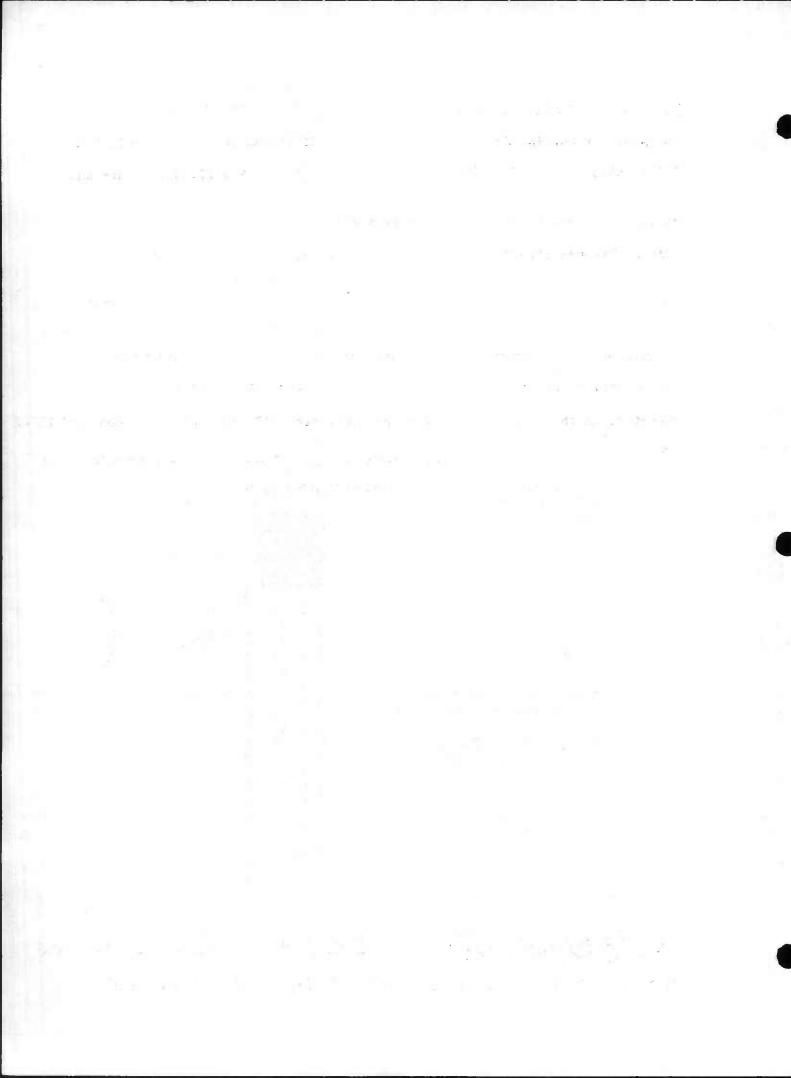
### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

05968 Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Lillian Irene SADLER FEBRUARY 0145 12 1996 /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** Washington County Hospital Hagerstown Washington If Under 24 Hrs. Hours Min. If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days 1□M 20 F 213-16-1925 72 Yrs. Director Jan.5,1924 Maryland Usuel Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Menial Hygiena. Important: If Item 27 is merked other than "natural" ~ ... any fully or other traumatic event. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Washington Directo Williamsport 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Sword Road 21795 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Raca - American Indian, Black, White, etc. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Status 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Give 1 ☐ Yes 2 ☑ No þ Specify: 3₺ Widowed 4 Divorced white Yeer or Detes: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) homemaker her own 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Roy C. Moats Aleatha Lambert 2 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Catherine Martz 11785 Sherman Ave., Hagerstown, Md. 21740 20b. Pleca of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removel from State Manor Cemetery 2-14-96 Tilghmanton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerei Servica Licansee 22. Name end Address of Fecility MINNICH FUNERAL HOME 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest, shock, or heart fellure. List only one cause on each line. 21740 Approximate Interval Between Onset and Death Physician Immediate Cause (Final diseese or condition resulting in deeth) /Medical 2 years Carcinona Examiner Due to (or as e consequence of) Physician/Medical Examiner The law requires that the death certificate be axecuted the bunial-transit Sequentially list conditions, if erry, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest pug Due to (or es e consequença of): Box 68760, Due to (or es a consequence of): use as P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? be detached 2 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ģ 24b. Were eutopsy findings available prior fo completion of cause of death? 24e. Was an autopsy performed? Completed certificata has 1 Tyes 2 Divo 1 ☐ Yes 2 ☐ No or Attending Physician: funeral director, Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4☐ Nursing Home 5☐ Residenca 8☐ Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 5 Pending death. 1 Yes 2 No Investigation 2 Accident within 24 hours after deat To the Funeral Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the ceuse(s) and menner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and manner stated. the 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 0 Miland M.D. D41667 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) spowell Rd. Hoserstown, MD. 21740 Michael J. M. Cormack 1799 31. Date filed (Month, Day, Year) FEB 1 3 1996 32. Registrary Signature State Registrar

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				State of N	Maryland		artment of F		and M		giene g Reg. No.	16	0596	59
			1. Decedant's Name (First, Middla, Last	)						2. Data of Da Month	ath		3. Time of D	Death
	Physici /Medio										Dey	Yaar 1996	2:00 1	Am
	Examir		4e. Fecllity Nema (If not Institution, give				4	4b. City, To	wn, or Lo	cation of Deat				
			Williamsport Nurs	ing Home	2			Will:	iams	port	Wa	shing	ton	
	Funeral Director		5. Social Security Number 6. Se 212-74-6312	7. / M 2 F	Aga (In yrs. las 95	st birthdey) Yrs.	If Under 1 Yaar Months Days	If Undar	24 Hrs. Min.	8. Deta of Bir (Month, Da Nov . 27	th y, Year) 1,1900		laca (Stata or try) Land	Foraign
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	ms 2%	Funeral	11, Marital Status	12. Was Deceder		13. \	Wes Decedant of H		gin? (Spi	ecify Yas or No		e - Americ	an Indian,	
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Maryland 21215-0020	sel Hygid d other avent, the	Be	17. Father's Nema (First, Middla, Last)								Maidan Suman	na)		
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Baltimore,			4 ☐ Donation 5 ☐ Other (Specify)  21. Signature of Funeral Service Licens	aa .	Res		en Cemete			1-96	Hagers	cown,	Maryla	na
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	/Medical		Immediate Causa (Final disease or condition	MYDCA	ARDIA	7L	FNEAR	CTIO	N			10	1 Hour	RS
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68	tificat ng phy as th	Med	resulting in death) Last		D0a (0 (0) a	o a consequ	derice orj.							
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0	e des the at hed fo	sici	Part II. Other significant conditions cor	tributing to death	but not resulti	ng in tha ur	nderlying cause giv	en in Part I.		23b. Did	tobacco use co	ntribute to	the cause of	death?
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_	ours a control of the		29a. Certifier 1 Certifying Phys	Ician: To the hee	t of my knowle	vice death	occurred at the time	on data and	d place is	and due to the	onuna(a) and ma	anner en et	eted	
	To the Hospital or Attending Physician: The is within 24 hours after death.  To the Funeral Director: After this certificate his completaty filled in by the funeral director, page	edical	(Check only 2 Medical Examinations)	er: On the basis and mannar	of axamination	n and/or inv	astigation, in my o	pinion, daal	th occurr	ed at the time,	dete and place,	and dua to	tha cause(s)	
	Within To the Comp	Me	29b. Signature and little of ceptifier		2		29c. Licans	a number	_		29d. Dete signe	d (Month, i	Day, Year)	
			N EDA	D33700 FEBRUARY 13, 191						96				
			30. Nama and address of person who co	mpiated causa of		За) (Туре, І	Print)		-					
			TED E. HOWE	, MD	7547		TER LOOK	- DR		>00NS	ROSO,	MD		
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			1 0 100											



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DIRECTOR

FUNERAL

BY

COMPLETED

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	R. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1. 2, 3 s	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTENDIN	AL DIRECTOR: After	hours after dea	item 28 is m
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 hours after deal	IMPORTANT: If item 28 is

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH STRUNK FEB AWRENCE NORMAN 0400 996 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
Oct. 14, 1917 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 78 179-18-4719 Pennsylvania 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10e. STATE 10c. CITY TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Washington Williamsport 1 TYES 2 KNO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 16505 Virginia Avenue 21795 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-it yes, specify Cuben, Mexican, Puerto Ricen, etc.)

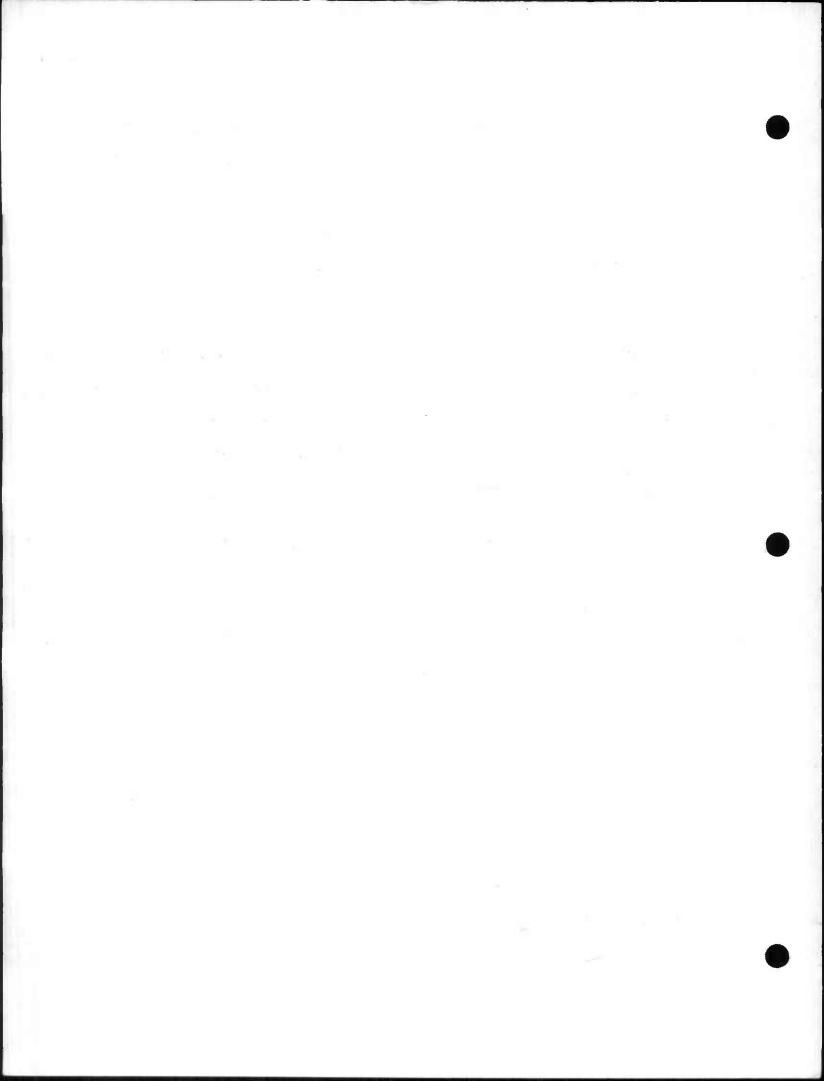
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married 3 Widowed 4 Divorced white 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only hig Elamentary/Secondary (0-12) College (1-4 or 5 +) 12 clergyman Christian church 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Strunk Ethel Green 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Vivian G. Strunk 16505 Virginia Ave., Hagerstown, Md. 21740 20e. METHOD OF DISPOSITION
120 Burlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Rose Hill Cemetery 2-15-96 Hagerstown, Maryland 4 Donetion 5 DOther (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart fallura. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ resulting in death) row DUE TO OR AS A CONSEQUENCE OF Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TYES 2 PINO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) HOSPITAL: | | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Matural
2 Accident 8 Pending 1 YES 2 NO investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ea stated. 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year 309 31. DATE FILED THAT Day, 1996 32. AEGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATH		3. TIME OF DEATN			
	Roy	(nmi)	5	Sease, Jr		February	13,1996	4:30 a. m			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (/	n yrs. lest birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		IPLACE (State or Foreign			
	220-16-2084  9s. FACILITY NAME (If not institution, give s	1 M 2 F	73 YRS.	9b. CITY, TOWN C	R LOCATION OF DE	Sep.6,1922	Pe Pe Pe	nnsylvania			
DIRECTOR	11520 Moats Rd.			Hagers				NGTON			
S	10a. STATE 10b. COUNT	1	10c. CIT	Y, TOWN OR LOCAT	ION			10d, INSIDE CITY			
10	MD Wast	nington		Hagers	own			LIMITS?			
AL	10e. STREET AND NUMBER			101	ZIP CODE		WHAT COUNTRY?				
E	11520 Moats Rd.				21740						
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp		IC ORIGIN? (Specify Yes on Puarto Rican, atc.)	Spec				
	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATION	IN .	16b. KIND OF BUSI		hite			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Completed)  College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	st of working						
MPL	12		Dryer			Leathe	r Tannir	ng			
00	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S					
BE		rville	Seas				anna	Crout			
2	190. INFORMANT'S NAME (Type/Print) Lois C.Sease					rstown, MD					
	209. METHOD OF DISPOSITION	200		OF DISPOSITION (NE			ATION — City or T	own State			
	1X Burlet 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	etery, crematory or dar Lawr	n memoria	1 Park	2-15 Hage					
	21, SIGNATURE OF FUNERAL SERVICE LI	PENSEE/		OSBOF	NE FUNER	AL HOME					
	///loger/11/1.0	when we				Williamsp	ort,MD 2	21795			
	23. PART i. Enter the diseees, or sheck, or heart fallure.	complications that caused List only one cause on a	I the death, Do	not enter the mo	de of dying, such	as cardlec or respir	ratory errest,	Approximate interval Between			
ı	IMMEDIATE CAUSE (Finel		,		1			Onset and Death			
	disease or condition resulting in death)  a. CAYCINOMA LING										
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury										
	thet initieted events	DUE TO (OR AS A	CONSEQUENCE	OF):							
H	resulting in death) LAST										
AL C	PART II. Other significent conditions contributing to death but not resulting in the paderlying cause given in Part I.  Charle O'Romeo?  1 Yes 2 Tho										
2	Chrome Obst	mlue 10	o morino	1)02	arst	1 - YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME			0					1 TES 2 NO			
ž	DID TOBACCO USE CONT	RIBUTE TO CAUSE O		ES 🛮 NO 🗆	UNCERTAIN	10					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:							
IXS	1 TYES 2 TYNO	1 Inpatient 2 ER/Outp		4 - Nursing Hon	e 5 Raeldanca						
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE NOW IN	JURY OCCURED				
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, tarm,	street, tectory, offic	•	281. LOCATION (Street a City or Town, State)	nd Number or Rural	Ploute Number,			
COMPLETED	(onder only	ICIAN: To the best of my know									
8	2 DEBICAL EXAMIN	ER: On the beels of examination	n and/or investigati	lon, in my opinion, i			dus to the cause	(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CENTRAL	elux	MD		29c. LICENSE NUN	1986	P 2	2/14/54			
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED BAUSE OF DE	ATN (ITEM 27) (Typ	e, Print)				1			
	Johny P. Alenche			21 Oak Hi	II Ave.	Hagerstown	,MD 2174	10			
	31. DATE FILED (Month, Day, Year) FEB 1 4 1996	32. REGISTRAR'S SIGN									
	T I I I I I I I I	July Committee and	had all								



Amended item #20b per F.D. 2/15/96 Carroll Co. P.L.C.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020

the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Mental Hygiene prior to burial, cremation, or removal. Page 6 may be retained by the hospital or attending physician. hours after death. executed within been signed by to Dept. The the State with t After ATTENDING

DIVISION OF VITAL RECORDS, P.O. BOX 68760

OR.

STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Uvilla Catherine Stokes Feb. 09, 1996 8:00A M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 X F 41 YRS. 217-66-8312 09/27/1954 Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR 2649 Purnell Drive Baltimore Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2649 Purnell Drive 21207 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, OIVE WAR OR DATES 1 Never Merried 2 Merried BY 1 TES 2 T NO Specify: Specify: 3 Widowed 4 Divorced black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) social security adm. claims worker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Francis L. Dorm Uvilla Iris Gibson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Uvilla Iris Dorm 2900 Clifton Ave., Baltimore, 21216 pe 20a. METHOD OF DISPOSITION
1 M Buriel 2 Cremation 3 Removal from State 206. PLACE AND DATE OF DISPOSITION (Name 2/13/96 OATE 20c, LOCATION - City or Town, State must Western Chapel Cemetery Finksburg, MD Westminster Donation 6 Other (Specify) Gardens of Eternal Hose examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Katherina Pritto Sweder 412 Washington Rd. Westminster medical 23. PART I. Enter the diseeses, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition event, resulting in death) 100er traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury other 1 OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS апу AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO IX UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Tem. **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 8 Could not be DIRECTOR: J COMPLETED 4 Homicide 28 29e. CERTIFIER 1 ACERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. THE HOSPITAL (
THE FUNERAL D
filed within 72 h = TO THE HOSPITA
TO THE FUNERA
De filed within 7. 2 MEDICAL EXAMINER: On examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 2 aver

32. REGISTRAR'S SIGNATURE

FEB

YLAND 21215-0020

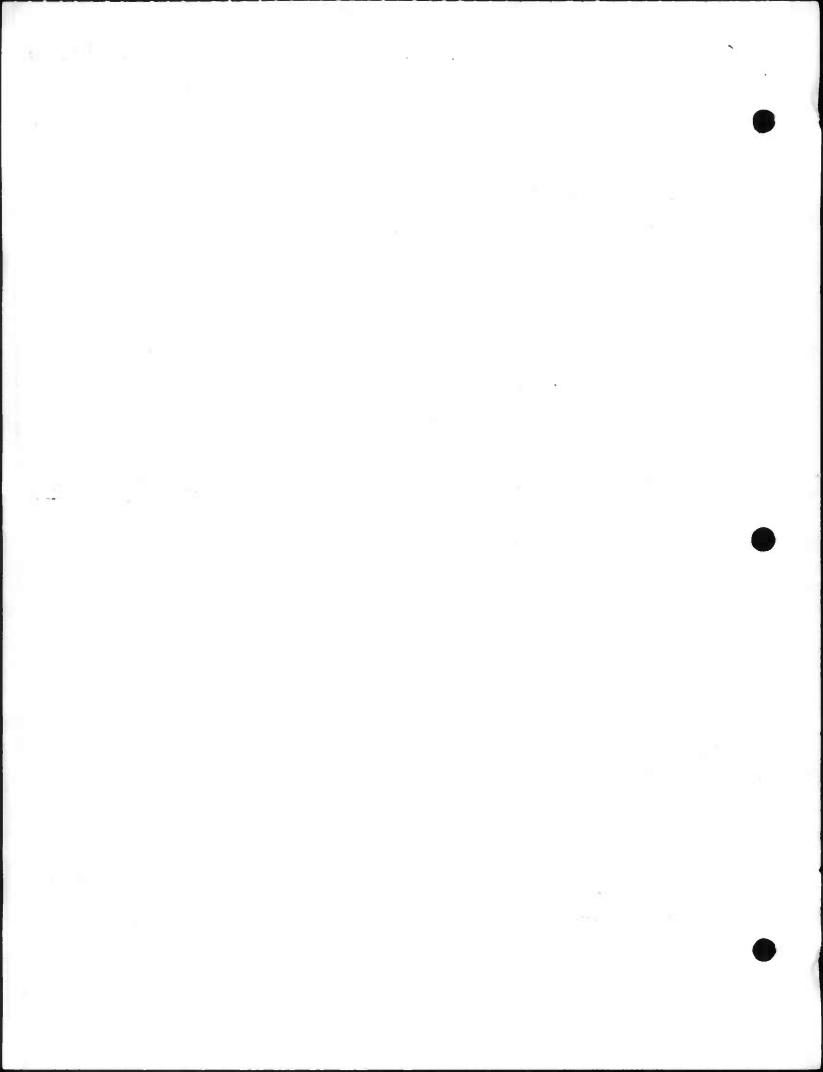
DIVISION OF VITAL

68/60, BALIIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	matic event, the medical examiner must be notified at once.
DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remonal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)													
	MARGARET HOARE SUNDERLAND Feb. 17, DAY 1996 YEAR 5:00										3. TIME OF DEATH  5:00 P M			
	4. SOCIAL SECURITY NUME 219 10 0243		5. SEX	6. AGE (In yrs. les	t birthday) YRS.	MONTHS	DAYS	#F UNDER	A010.1	7. DATE OF BIRTH (Month, Day, Year) Sept. 26, 1	1925	Countr	PLACE (State or Foreign	
_	9a. FACILITY NAME (If not in		9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					. /					
Ę.	22 Dockside Court						rlin	<u> </u>			Wor	cest	er	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Worcester					rlin	OR LOCAT	TION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
IAL IAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COU													
FUNERAL	22 Dockside	e Cour				21811 U.S.A.								
B	1 Never Married 2X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 V		II yes, specify Cuban, Maxican, Puerto Rican, etc.) Bioc				Black	- American Indian, white, atc. White			
윤		EDENT'S EDU		18a. DE	CEDENT'S	USUAL O	CCUPATIO during mo	ON ast of working	na	16b. KIND OF BUS	SINESS/IND	DUSTRY		
COMPLET	Elementary/Secondary (0		College (1-4 or 5		usev					Homema	ker			
ш	David Carr	oll Ho	are					Rui	th H	ME (First, Middle, Maiden lelen Mohle	•			
19a. INFORMANT'S NAME (Type/Print)  James Edward Sunderland, Jr. 858 Ocean Pines Berlin, MD 21811														
	20a. METHOD OF DISPOSITION  1 Gurlel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of competery, crematory or other place)  Cape Henlopen Crematory 2/18/96 Frank ford, DE													
	21. SIGNATURE OF EUNER	L SERVICE LIC	ZENGEE	,		22.	NAME AN	ID ADDRE	SS OF FA	CILITY		8 Williams St.		
Щ	11:50	11/2	whose					_		eral Home	Berli	n, A		
	23. PAID I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final													
	disease or condition resulting in death)  a. Due to (OR AS A CONSEQUENCE OF):													
z														
ATIC	cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Inju that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC	DUENCE O	F): )	4 4 4	71100					19	
CER			d											
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  PERFORMED?  AMAILABLE PRIOR TO													
EDICAL									_	1 🗆 YES 2	ONO.		OF DEATH?	
¥ ;	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN M													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
HYSI	1   YES 2   NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Medidence 6   Other (Specify)    27. MANNER OF DEATH   288. DATE OF INJURY   286. TIME OF   28c. INJURY AT   28d. DESCRIBE HOW INJURY OCCURED													
ВУ РІ		Pending Investigation	(Month, D			JURY M	WO	RK?	NO	200. DESCRIBE HOW II	NJOHY OCI	CORED	-	
	3 Suicide 8	Could not be determined	28a. PLACE O building,	F INJURY — At ho etc. (Specify)	me, term,	street, fact	lory, office			281. LOCATION (Street a City or Town, State)	nd Number	or Rural A	loute Number,	
ETE														
COMPLETED	(Check only									to the cause(s) and man time, data and place, an			and manner as stated.	
BE (	29b OFGINATURE AND TITLE	OF CERTIFIER	m a 100	)				29c. LICE	NSE NUM	MBER	29d. DATI	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	, Print)		44	76		C	11/	8196	
10	Scott Sw	een	ey DO	11220		AUC	M	np	RS	. BERI	12	11	0 21811	
10	FEB 2 0 19	196 g	1	R'S SIGNATURE				•						
	N V I	()	The state of the s		-			-			_		DHIM 10 B 100	



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE STATE UF MARYL			OF DEA		IENTAL HYGIEN REG. NO	E						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR	3. TIME OF DEATH				
	JEAN BROWNING SCOT					2 18 96 6			6:08 AM				
		(In yrs. lest birthday)	IF UNDER t	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Dey, Year)	JAN.	BIRTHP	LACE (State or Foreign				
	218 16 7731 1 □ M 2 XF 70  9a. FACILITY NAME (If not institution, give street and number)	(71) YRS.				Dec. 28,	1925	Mary	yland				
Œ				TOWN OR LOCAT	ION OF DEA	АТН	9c, COUNT						
6	Atlantic General Hospital		Ber	iin			Wor	ceste	er				
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR	LOCATION		10d, #			Od. INSIDE CITY LIMITS?				
	Maryland Worcester	Berlin							YES 2 NO				
RAI	10e. STREET AND NUMBER	101. ZIP CODE				10g. CITIZEN OF WHAT			AT COUNTRY?				
FUNERAL	513 South Main Street  11. MARITAL STATUS  12. WAS DECEDENT EVER II	N II S ADMED	21811			0.0010111111111111111111111111111111111		5.A.					
BY FL	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR D.	2 XX0	lf :	yes, specify Cubi	en, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No	Black, Specify:	- American Indian, White, etc. White				
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCC	CUPATION		16b. KIND OF BUS	INESS/INDU	ISTRY					
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done du	ring most of world	ing	los Allo Or Boo	MITE SS/MICO	JINI					
M M	12	Housewife					aker						
	17. FATHER'S NAME (First, Middle, Last)					IE (First, Middle, Malden	Surname)						
BE	Harvey Littleton					lades							
2	Marvin M. Scott					D a salina			1.1				
	20a. METHOD OF DISPOSITION 20b	. PLACE AND DATE		-	treet	Berlin,	CATION C	218					
	1 X Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	vergreer	ther place)	neterv		2/20/96		,					
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE		22 N/	ME AND ADDRE	SEC OF EACH	BITY							
- 1	N. Sied Buckeye.		IRO	KRAGE	: FUN	IERAL HO			Williams St.				
	23. PART I. Enter the diseases, or complications that caused	the death. Do	not enter th	he mode of dy	ing, such	aa cerdiac or reapi	ratory arre	rlin,	MD 21811				
	IMMEDIATE CAUSE (Finel												
]	disease or condition												
	disease or condition resulting in death)  a.												
NO	Sequentially list conditions, COPD 5 years												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING												
E	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A	CONSEQUENCE OF	F):						-				
E	resulting in death) LAST												
Ö	PART II Other algorificant conditions contribution to death but cat												
ICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?												
MED						1 YES 2	<b>⊘</b> NO	0	OMPLETION OF CAUSE F DEATH?				
2	DID TOBACCO USE CONTRIBUTE TO CAUSE O	F DEATH YE	S IZ N	O I IINO	FRTAIN			1	YES 2 PNO				
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
Sic	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpatient 2 ER/Outp	atlent 3 DOA	OTHER:	g Home 5 🗆 Re	esidence 8	☐ Other (Specify)							
돌	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		8c. INJURY AT WORK?		28d. DESCRIBE HOW IN	JURY OCCU	RED					
BY	Pending  Accident investigation		M	1 YES 2	NO								
	3 Suicide 8 Could not be determined determined	- At home, term, i	term, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						te Number,				
<b>L</b>													
COMPLETED	(Check only CERTIFYING PHYSICIAN: To the best of my knowl												
	2 MEDICAL EXAMINER: On the basis of exemination	wna/or investigatio	n, in my opi										
H	296. SIGNATURE AND TITLE OF CERTIFIER	16122		29c. LIC	ENSE NUMB	1-	29d. DATE	SIGNED (M	Ignith, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	H	172	83	- 2	1/8/	46				
, 1	9733 HILITAWELL DOLLE		erlen	. m0									
5	31. DATE FILES (MONTE) ON 181996 PEB 200 181996		1	- Fre D				_					
- 1	I FO O O IJJU AMON WARREN	- MANAGER											

ospital or attending physician. ched for use as the burial-transit permit. Pages 1, 2, 3 should AND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyghere port: 0 brind, certaining or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF		EPARTMENT OF RTIFICATE O	HEALTH AND MENTAL HYGIENE F DEATH REG. NO.	
. DECEOENT'S NAME (First, Middle, Last)	Elmer	Melvin	Strite	2. DATE OF DEATH DAY Feb. 19	

_										ned. NO			
1	1. DECEOENT'S NAME (First	, Middle, Last)	Elmer	Melvi	n St	rite	2			2. DATE OF DEATH MONTH Feb. 19	AY 19	996	3. TIME OF DEATH 7:20 P. M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
ı	218-30-958		1 🔀 M 2 🗆 F	81	YRS.	MONTHS	9/16/1914 Ma				ryland		
	9a. FACILITY NAME (if not institution, give street and number)							OR LOCATI		АТН		NTY OF DE	
DIRECTOR	20606 Millers Church Rd.					Hagerstown Washington					gton ——————		
D	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY
	MD.		ington			Hage	erst	own				1 YES 2 NO	
FUNERAL	20606 Mill			101	2174			10g. CITIZEN OF WHAT C					
y l	11. MARITAL STATUS	ers cr	12. WAS DECEDEN			1							
2	1 Never Married 2	Married	FORCES? 1	YES 2			II yes, sp	ecity Cuba	n, Maxicai	IC ORIGIN? (Specify Yen, Puarto Rican, etc.)	s or No.—	Black,	— American Indian, White, etc.
À	3 Widowed 4 🗆 Divo	rced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 💢 NO	Specify	"		Specify	White
E		EDENT'S EDU		18a.	DECEDENT'S	work done	during mo		na	16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0	)-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	Farr			Agric	ultur	re	
<b>E</b>	17. FATHER'S NAME (First, M	liddle, Last)						18 MOT	HER'S NAI	ME (First, Middle, Maiden	Sumame)		
- 1			vin L. S	trite						e A. Mart			
19a. INFORMANT'S NAME (Type/Prim) 19a. INFORMANT'S NAME (Type/Prim) 19b. MAILING ADDRESS (Street aired Number or Rural Route Number, City or Town, State, Zip Code) 20667 Millers Church Rd. Hagerstown, M									d. 21742				
	20a. METHOD OF DISPOSITION  1X Buriel 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of completery, crematory or other piece) Miller's 2/23/96  Leitersburg, Md.												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  H. Martin Zimmerman And Son Funeral Home Inc. Greencastle, Pa. 17225													
	, , ,												Inc.
	23. PART I. Enter the d shock, or h	isessea, or c eart failure.	complications the List only one car	t csused the ise on each i	desth. Do i ine.	not enter	r the mo	de of dy	ing, auch	n sa csrdisc or reap	iratory ar	reat,	Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Multiple Mycloma  DUE TO (OR AS A CONSEQUENCE OF):										Onset and Death			
H	resulting in death)	<b>→</b>	a. / VI LA	CT PLE	SEQUENCE O	yell	me	<b></b>					12/95
2	Sequentially list conditions b.												
RIFICATION	if any, leading to imme	diate	DUE TO	(OR AS A CON	SEQUENCE O	F):							
	CAUSE (Disease or Injuthat initiated eventa		DUE TO	(OR AS A CON	SEOUENCE O	F):							
H	resulting in desth) LAS	T .	d										
CE	PART ii. Other algolfics	ent condition	s contributing to	desth but no	t resulting	in the u	nderivin	O CRUSA	olven in	Part i. 24a. WAS AN	AUTOPEV	24h	WERE AUTOPSY FINDINGS
EDICA							,	9 00000		PERFO	RMEO?	- 1 - 2	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ב										1 YES :	NO NO		OF DEATH?
2	DID TOBACCO U	ISE CONTI	RIBLITE TO CA	USE OF DE	EATH Y	:s 🗆	NO 5	I IINC	ERTAIN				1 PES 2 NO
Y Y	25. WAS CASE REFERRED T				ACE OF DEA			2140	~!\!/\!!	·			
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Vear)  28. INJURY WORK?									sidenca	8 Other (Specify)			
	27. MANNER OF DEATH		28s. DATE OF (Month, D	INJURY	28b. TIN	_	28c. INJ			28d. DESCRIBE HOW	NJURY OC	CURED	
2		Pending Investigation	(			М		YES 2	NO				
2 Accident 3 Suicide 4 Homicide 5 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide City or Town, State)  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							r or Aural Ac	oute Number,					
	29a. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best of	my knowledga,	death occurr	ed at the t	lime, deta	and place	, and dua	to the cause(s) and ma	nner as sta	ted.	
2	onal									time, data and placa, a			and manner as stated.
N N	296. SIGNATURE AND TITLE	OF CERTIFIEF	^ /	nn				29c. LICI	ENSE NUN	IBER Pa.	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	2 C	Costa	, ///(		Print'		CAN	048	473-L		2/2	0/96
							East	Sha	dy G	rove, Pa.	1725	6	
	FEB 2 1 1996	Your) Silly	32. REGISTRA	R'S SIGNATURE									
	W///	1 1/2 20	C Desirence	The Carlotte St.									

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**Physician** 

/Medical

Examiner

Director

Funeral

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Completed

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**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filled within 72 hours after death w Department of Health and Mental Hyglene.
Important: If item 27 is marked other than "natural", or items 23a and injury or other traumstic event, the Market

**Physician** /Medical

Examiner

and

attending physician for use as the burie

ed by the a

ate hes been signed by I page 2 should be detact

certificate

funeral director,

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

Completed by

Be

Certification: To

edical

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Sample 1145 am Charles February 14 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death University of Maryland Hospita Baltimore If Under 1 Year | If Under 24 Hrs. 5. Scciel Sacurity Number 7. Age (In yrs. lest birthday) 8. Data of Birth (Month, Day, Year) 9. Birthplace (Stata or Foreign Country)
Franklin (O, PA 6. Sax Days Hours 220 14 1383 1⊠M 2□ F 70 Yrs. Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Waynesboro 1 ☐ Yes 2 No PA Franklin (Washington Township) 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 13199 Midvale RD 17268 USA 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Bleck, White, etc. 1 X Xes 2 □ No
If Yes, Give
Year or Datas: 43-46 1 Never Married Married 1 ☐ Yes 2 ☑ No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Induatry Elementery/Secondary (0-12) College (1-4or 5+) Taxi Driver Public Transportatio 8 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumama) Clayton Charles Sample Bertha Alexander 19a. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Routs Number, City or Town, Stete, Zip Code) Emma Esther Sample 13199 Midvale RD Waynesboro PA 20a. Mathod of Disposition

1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 2/17 Cascade, MD 21719 Bethel Church Cemetery 21. Signeture of Funeral Sarvice Licensee 22. Name and Addrass of Facility Grove Funeral Home, Inc. fames a 50 S. Broad ST, Waynesboro PA 17268 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death Immediate Cause (Final disaase or condition resulting in death) · Probable Pulmonary Due to (or as e consequence of): Regargitat Mitral Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting In death) Last Due to (or as a consequence of Dua to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Acuter Chronic Renal failure 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Cormary artery disease 1 ☐ Yes 2 No 1 ☐ Yes 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1☐ Yes 2M No 1⊠Inpatient 2□ ER/Outpatient 3□ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 5 Pending investigation 1 Naturel 1 Tes 2 No 2 Accident 6 Could not be 3 ☐ Sulcide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and menner es atated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, date and place, and due to the cause(s) and manner stated. 29a, Certifier (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) February 14, 1996

State Registrar

David Clements, MD, University of Maryland Hospital, 22 South Creene Street, Baltimere, MD. 31. Date filed (Month, Day, Year) 32. Registrar's Signature James Stranger Broken FEB 1 5 1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

No.

		FOR
1	-	STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH		3. TIME OF DEATH					
	SHIRIEN M.	500	77	MONTH E	1991	3:04 PM					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign					
	227-72-9628 1 DM 2 XF 57 YRS.	MONTHS DA	/S HOURS MIN.	(Month, Day, Year)	1939 L	Irainia.					
	Se. FACILITY NAME (If not institution, give street and number)	9b. CITY, TO	VN OR LOCATION OF DE	АТН	9c. COUNTY OF	DEATH					
DIRECTOR	Washinston Adventist Hoga	Ta	Koma	Park	Mon	taonera					
<u> </u>	RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 10c. CITY	Y, TOWN OR LO	OCATION		· ·	10d. INSIDE CITY					
E	Virginia Greenville &	ma	OTIG			LIMITS?					
			101, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?					
FUNERAL	13 Taylor Mill Rd		238	147	11.5	5. A.					
ž	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13, WAS	DECENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	na or No — 14. RA	CE — American Indian,					
			yes 2 NO Specify			eck, White, etc.					
В	3 Widowed 4 X Divorced				16	lack					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S (Give kind of v		PATION g most of working	16b. KIND OF BU	JSINESS/INDUSTRY	8					
	Elementary/Secondary (0-12) College (1-4 or 5+)	se retired.)		0	1 1	1					
MP	Nu	151	-	TFIV	ate D	aty					
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Melde	Sumeme)						
BE	icea momas		Luc	4 1-16	-KS						
2		ADDRESS (SH	ent and Number or Rural	Route Number, City or To	wn, State, Zip Code) Woodk	oridae VASaga					
	20e, METHOD OF DISPOSITION  12 Suriel 2 Cremation 3 Removal from State  20b. PLACEAND DATE: cemetery, crematory or or		N (Name of	DATE 20c, L	OCATION City or	Town, State					
	4 Donation 5 Other (Specify) HICKS	ran			DKIPPE	s VHI					
	21. SIGNATURE OF EUNERAL SERVICE LICENSEE	22. NAN	E AND ADDRESS OF FA	cient Centro	YVA.	Funeral					
	Chillip Sell	P	O. BOX &	16528	Richma	and UA 23261					
	<ol> <li>PART I. Enter the diseases, or complications that caused the death. Do r shock, or heart failure. List only one cause on each line.</li> </ol>	not enter the	mode of dying, suc	h aa cardiac or res	piratory srrest,	Approximate interval Between					
	IMMEDIATE CAUSE (Final	P				Onset and Death					
	disease or condition resulting in death)	5				IWK					
	DIE TOYOR AS A CONSEQUENCE OF										
N	Sequentielly list conditions, The MEIASIATIC OVARIBU CANCEV 3000Ths										
CERTIFICATION	ti any, leading to immediate cause. Enter UNDERLYING										
2	CAUSE (Disease or Injury C. DISEASE A CONSCIUNIST OF										
E	that initiated events resulting in deeth) LAST										
E	d										
MEDICAL				1 _ YES	2 (VNO	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?					
AEC						1 NES 2 NO					
		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN									
IA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
SIC	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4 Nursing	Home 5 - Residence	8 Other (Specify)							
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) IN.	ME OF 280	: INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED						
ВУ			YES 2 NO								
		street, lectory,	office	281. LOCATION (Stree City or Town, State		al Route Number,					
1	4   Homicide determined										
COMPLETED	Check of 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurr	red at the time,	date end place, end due	to the cause(e) end m	enner se stated.						
MO	one   Minimum On the besie of examination end/or investigation	on, in my opini	on, death occured at the	time, date end place,	and due to the ceue	e(e) end menner ee stated.					
			200 LICENSE NH	MBER	29d. DATE SIGN	ED (Month, Day, Year)					
BE			DIII	754	1 Fehr	UNDU 9, 1991					
2	NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type		, , , , ,	M X	1						
	TITOMOS A. BENSIUGER MD 7575	5 6	CRUWAY	(1e. IX	(21000b)	11 40 21770					
	31. DATE FILED (Month, Day, Year)  SER 1 3 1996  FLIA DEVICE RESIDENT		/								
	FEB 13 1996 Julia Muslam Rankell		·								

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should	h the State Dept. of Health and Me	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING P	TO THE FUNERAL DIRECTOR: After the	be filed within 72 hours after death with	IMPORTANT: If Item 28 Is marked, or It

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) Lottie	Thompso	n :	Swann		2. DATE OF MONTH		č, 19 <del>9</del>	3. TIME OF DEATH 7:42A M		
	4. SOCIAL SECURITY NUMBER 579-38-8212		In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, E) 1 / 26			BIRTNPLACE (State or Foreign Country) Jaryland		
	9a. FACILITY NAME (If not institution, give str			·	R LOCATION OF DE	EATN		9c. COUNTY	OF DEATH		
TOR	Doctor's Commun	ity Hospit	al	Lanh	am			Princ	e George's		
DIRECTOR	10e. STATE Md .	P.G.		y, town on Locat Fairmou	nt Hgts	5.			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNERAL	1014 59	th Ave.			20743			U.	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPAN			or No— 14.	RACE — American Indien, Black, White, etc.		
37.	1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE WAR OR OF			2 NO Specify		an, atc.)		Specify: Black		
	15. DECEDENT'S EDUC	ATION	18a DECEDENT'S	USUAL OCCUPATION	NA .	16b K	IND OF BUI	INESS/INDUST			
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v	work done during mo.	st of working	100. K	IND OF BUS	INCSS/INDOS	nr .		
COMPLETED	6th	College (1-4 or 5+)	Domes	stic		Р.	G.Co	.Scho	ol System		
ON	17. FATNER'S NAME (First, Middle, Last)				18, MOTHER'S NA				01 0,000		
BE	John G. T	hompson			Kathe	erine	Haw	kins			
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural i						
	Lawrence E. Sw	ann,Sr.	1010	) 59th	Ave.,Fa	irmo	unt	Hgts.	,Md. 20743		
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Removal from Stata  4 Donation 5 Other (Specify) Harmony Mem. Park 2/13/96 Landover, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF FA	CILITY					
	Yany M			492	.Washir 5 Burro	oughs	Ave	., N.E			
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	omplications that caused List only one cause on e	the deeth. Do rech line.	not enter the mo	de of dying, auc	h aa cardla	c or reapl	ratory arreat	, Approximata Interval Batween		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Perfort	ed v	Ismo					Onset and Death		
NO	Sequentially list conditions, b. Dwartunits										
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	Can Da	A.	E.B.					VV '		
FIC	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE O	DUENCE OF):					4 4		
FH	resulting in death) LAST	4.	J								
	PART II. Other algnificant conditions	a contribution to death h	us and requision	for the constant des	a acusa atuan ta	Post I o	4a. WAS AN		24b. WERE AUTOPSY FINDINGS		
CAL	TAIT II. Otto agricult condition	- Contributing to death b	or not resuming	in the underlying	g cause given in		PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						-   1	YES 2	NO	OF DEATN?		
	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	E DEATH YE	S I NO R	1 UNCERTAIL				1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA								
SIC	EXAMINER?	HOSPITAL: Impetient 2 ER/Outp	petient 3 🗆 DOA	OTHER: 4 - Nursing Nom	e 5 🗆 Reeldence	8 🗆 Other (S	Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. DESCI	RIBE HOW I	NJURY OCCUR	ED		
ВУ	Netural 5 Pending Accident Investigation	(1000)			YES 2 NO						
ED E	3 Suicide 8 Could not be	28s, PLACE OF INJURY building, etc. (Spec	— At home, farm,	etraet, fectory, offic		28f. LOCAT	ION (Street I	and Number or	Rural Route Number,		
ETE	4 Nomicide determined										
COMPLET	anal	CIAN: To the best of my know R: On the bests of examination							suse(e) end menner as stated.		
ECC	296. SIGNATURE AND TITLE OF CERTIFIER	h			29c. LICENSE NUI	MBER		29d. DATE SI	GNED (Month, Day, Year)		
8	1 level	has-			PAT	521		<b>&gt;</b> 2	-6-96		
임	30. NAME AND ADDIESS OF PERSON WHO	COMPLETED CAUSE OF DE	THE TEM 27) (Type	, Print) K	CASRN	H. 9.	2		10		
	9500 ANNA 31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	UL TO L	LAN	) LOLLIA!	Ma	2	20	6		
	FEB 1 3 1996	John Develop	Pulu								

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In THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or ren APORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the media	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	IF FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	od within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	RTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH				
	Mabel Mari	ie Sigler				February	, 1996	8:00 P.M.M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birtnday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.1	BIRTHPLACE (State or Foreign Country) Hyndman,				
	214-07-3428	214-07-3428   1   M 2   F   79   YRS.   MONTHS   DAYS   HOURS   MIN.   (MORTH, DBY, YEAR)   March 14.										
	9a. FACILITY NAME (If not institution, give s	214-07-3428 1 March 14,  9a. FACILITY NAME (If not Institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH										
FUNERAL DIRECTOR	Annapolitan Assis	Anne A	Arundel									
E I	10a. STATE 10b. COUNT		10d. INSIDE CITY LIMITS?									
5	Maryland Prince	e George's	Bow	rie				1 X YES 2 NO				
AL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	of what country?				
E	16410 Banbury Lar	ne			20715			nerica				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED			NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)	RACE — American Indian, Black, White, etc.					
ВУ	1 Never Merried 2 Merried  3XX Widowed 4 Divorced	IF YES, GIVE WAR OR D			NO Specify		Specify:					
	15, DECEOENT'S EDU	ICATION	100 DECEDENT'S	USUAL OCCUPATI	ON	18b. KIND OF BU	SINESS (INDICE)	White				
TE	(Specify only highest grade	e completed)	(Give kind of a	work done during m	ost of working	180. KIND OF BU	SINESS/INDUST	HY				
7	Elementery/Secondary (0-12)	College (1-4 or 5+)	Homemak	C. 122 V		Own He	)me					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden						
Ö	Edward Margraff				Etta Ma		Jan. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox	n. State. Zin Coo	(a)				
2	Marie Roper											
	20s. METHOD OF DISPOSITION  10 Burisi 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name Gardens commetery, cremetory or other piece)  Pleasant View Memorial  20c. LOCATION - City or Town, State  1996  Mount Jackson, Virginia											
	21. SIGNATUR OF FUNERAL SERVICE LICENSEE #M00690  22. NAME AND ADDRESS OF FACILITY Dellinger Funeral Home											
	the mid !	1 Cana		Detr	inger Fur	Mount Jac	raan T	71 22842				
	23. PART I. Enter the diseases, or	complications that cause	d the death Do		•							
	shock, or heart failure.	. List only one cause on e	ach iina.				iratory arrear.	interval Between				
	iMMEDIATE CAUSE (Final disease or condition	C .	X :	41	y Fall	1		Onest and Death				
	MMEDIATE CAUSE (Final disease Dr condition resulting in death)  a. Congertive Heart Failure  By  DUE TO (OR AS CONSEQUENCE OF):											
_	$C \cap P \cap P \cap P$											
2	Sequentially list conditions, if any, leading to immediate											
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury											
E	that initiated evants	DUE TO (OR AS A	A CONSEQUENCE O	F):								
E	resulting in death) LAST	resulting in death) LAST										
O		d										
_	PART ii. Other aignificant condition	ns contributing to death b	out not resulting	In the underlying	a csuse alven in	Part i. 24a, WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
CAL	PART ii. Other aignificant condition	ns contributing to death b	out not resulting	In the underlyli	ng cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE				
EDICAL	PART ii. Other aignificant condition	d.	out not resulting	In the underlyin	ng cause given in		RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
: MEDICAL						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
AN: MEDICAL	PART II. Other aignificant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL			ES IN NO [	UNCERTAI	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
SICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TRIBUTE TO CAUSE C	OF DEATH YI	ES NO [ TH (Check only one OTHER:	UNCERTAIL	PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
HYSICIAN: MEDICAL	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	FRIBUTE TO CAUSE C  HOSPITAL: 1   Inputlent 2   ER/Out 288. DATE OF INJURY	DF DEATH YI  28. PLACE OF DEA  patient 3 □ DOA  28b. TiM	ES NO [ TH (Check only one OTHER: 4   Nursing Ho	UNCERTAII	PERFO	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ANO				
PHYSICIAN:	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AS  27. MANNER OF DEATH  1 Netural 5 Pending	FRIBUTE TO CAUSE C	DF DEATH YI  28. PLACE OF DEA  patient 3 □ DOA  28b. TiM	ES NO [ TH (Check only one OTHER: 4   Nursing Ho- BURY W	UNCERTAII	PERFO 1 YES	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AND				
BY PHYSICIAN:	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 AS  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpatient 2   ER/Out; 28e. DATE OF INJURY (Month, Dey, Year)	DF DEATH YI  26. PLACE OF DEA  28b. TIM 1N.	ES NO [ TH (Check only one OTHE R: 4   Nursing Ho BE OF 28c. IM W M 1	UNCERTAII  The 5 Coaldence  JURY AT ORK?  YES 2 NO	PERFO 1 YES  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ANO				
ED BY PHYSICIAN:	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	TRIBUTE TO CAUSE C  HOSPITAL: 1   Inpatient 2   ER/Out; (Month, Day, Year)	DF DEATH YI  26. PLACE OF DEA  28b. TIM 1N.	ES NO [ TH (Check only one OTHE R: 4   Nursing Ho BE OF 28c. IM W M 1	UNCERTAII  The 5 Coaldence  JURY AT ORK?  YES 2 NO	PERFO 1 YES  N	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ANO				
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ED BY PHYSICIAN:	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   JAP  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 8   Could not be 4   Homicide   determined  20a. CERTIFIER (Check only 1   CERTIFYING PHYS	HOSPITAL: 1   Inpatient 2   ER/Out; 28e. DATE OF INJURY (Month, Dey, Year)	26. PLACE OF DEA  28b. TIM 1N.  27 At home, farm.	TH (Check only one OTHER: 4   Nursing Ho BE OF 28c. IN WW 1   street, factory, offi	UNCERTAII  One 5 Cealdence JURY AT ORK? YES 2 NO Ce	PERFO 1 YES  S Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State a to the cause(a) and me	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 AND  ED				
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ED BY PHYSICIAN:	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	FRIBUTE TO CAUSE C  HOSPITAL: 1   Inpetient 2   ER/Out; 28e. DATE OF INJURY (Month. Dey. Year)  28e. PLACE OF INJURY building, etc. (Spe	26. PLACE OF DEA  28b. TIM 1N.  27 — At home, farm.	TH (Check only one OTHER: 4   Nursing Ho BE OF 28c. IN WW 1   street, factory, offi	UNCERTAII  One 5 Cealdence JURY AT ORK? YES 2 NO Ce	PERFO 1 YES  N	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 AND  ED				
E COMPLETED BY PHYSICIAN:	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   W  27. MANNER OF DEATH  1   Natural   5   Pending Investigation 3   Sulcida   8   Could not be determined  29a. CERTIFIER (Check only one)   2   MEDICAL EXAMIN  29b. SIGNATUTE AND TITLE OF CERTIFIE	HOSPITAL:   1   Input lent   2   ER/Out    28a. DATE OF INJURY (Month, Dey, Year)   28e. PLACE OF INJURY building, etc. (Spe	28. PLACE OF DEA  28. PLACE OF DEA  28b. Tilly 11 At home, farm, or and/or investigate  EATH (ITEM 22) (See	TH (Check only one OTHER: 4   Nursing Ho BE OF 28c. IN W 1   street, factory, offi	UNCERTAII  The 5 Coaldence  JURY AT ORK? YES 2 NO ce e and place, end due death occured at the	PERFO 1 YES  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Stere to the cause(a) and may time, date and place, a	INJURY OCCUR	AMARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO  Floral Route Number.				
BE COMPLETED BY PHYSICIAN:	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   WO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Sulcida 8   Could not be ditermined  29a. CERTIFIER (Check only One) 2   MEDICAL EXAMIN  29b. SIGNATUSE AND TITLE OF CERTIFIE	HOSPITAL:   1   Input lent   2   ER/Out    28a. DATE OF INJURY (Month, Dey, Year)   28e. PLACE OF INJURY building, etc. (Spe	28b. TIM 28b	TH (Check only one OTHER: 4   Nursing Ho BE OF 28c. IN W 1   street, factory, offi	UNCERTAII  Description of the service of the servic	PERFO 1 YES  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Stere to the cause(a) and may time, date and place, a	INJURY OCCUR	AMARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Floral Floute Number,  Suee(s) and manner as stated.				

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State of Maryland / Department of Health and Mental Hygiene o

				Otate of Ivia	Tylanu /	Certifica			-	Reg. No.	0	598	U
	Physic		Dacadant's Nama (First, Middla, La EDDIE	st)	гн				2. Date of De Month Feb.	ath	1996	3. Time	of Death
	/Medi Examii		4a. Facility Name (If not institution, given BAYSIDE NURS)		R			4b. City, Town, or Lexingt		4c. County			
Ī	Funeral Director		5. Social Security Number 6. S 227 18 4369	ex 7. Aga ↑ Aga 8	(In yrs. last bi	Yrs. If Uni	der 1 Yeer ns Days	If Under 24 Hrs. Hours Min.	8. Dete of Bir Feb.	25°, 19	9. Birthpl	ace (State	or Foreign
	the Maryland 28a-f show	tor	Usual Rasidance of Dacedant  10a. Stata  10b. County  District of Co		10c. City, Tow Wash	m or Location					10	0d. Insida (	City Limits
	th with the Maryla 23s or 28s-f show	al Dire	10e. Street and Number 142 Xenia St.	,S.E.			ZIp Coda 2003	2		10g. Citizan of USA	What Count	try?	
020	ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examiner must be notified.	by Funeral Director	11. Marital Status  1 Nevar Merried 2 Merried  3 Widowed 4 Divorced	12. Wes Decedent E- Armed Forces? 1 ☑ Yas 2 ☐ No If Yas, Giva Year or Datas:			cedant of I pecify Cub		n, Mexican, Puarto Rican, atc.)			Race - American Indien, Black, Whita, atc. Decify: Black	
21215-0020	d within 72 ho plene. r then "natur the Medical	Completed	15. Decedant's E (Specify only highast gra Elamentary/Secondary (0-12)	ducetion da completed) Collega (1-4or 5+	)	Dacedant's U (Giva kind of lifa. DO NOT	work dona usa ratire	pation during most of wor d)	king	16b. Kind of B		ustry	
	2 should be filed with and Mental Hygiene. is merked other ther aumatic event, the M	To Be C	17. Fether's Neme (First, Middle, Last) West	Smit				18. Mothar's Nar Rachel	na (First, Middla,	_	na) ee		N
Baltimore, Maryland	nd 2 should lith and Men 27 is marke r traumatic	-	19a. Informant's Name/Reletionship ( Missouri R	Type, Print) . Smith		o. Malling Address	ess (Street	st.,.S	.E. (W	er, City or Town, ash., D	Stata, Zip	Code) 2003	2)
	permit. Pages 1 and 2 Department of Health a Important: If item 27 is any injury or other tra once.		20a. Mathod of Disposition  17 Burial 2 Cremetion 3 C 4 Donation 5 Other (Specific	Ramoval from Stata	20b. Place of comata Arli	f Disposition (f ry, cramatory on ngton	Nama of or other pla Nat:	ional 2	Data 2/16/96	20c. Location			
Balt	permit. Departminents Imports any inju		21-Signature of Poweral Service Licen	1		22. Name 4001		ass of Facility S	tewart N E				019)
	Physician		23a. Pert1. Enter the disease, or com shock, or haert failura. List only	plications thet caused to ona causa on each line	ha daath. Do	not entar the m						Approximation of the control of the	ate etween
	/Medicai Examiner		Immediate Causa (Finel disease or condition rasulting in death)	· HEAD				2				PAY	S
	uted Insit	Examiner		CANO	FOR O,	consequence of	106	WITT	y MAS	D55/1815		14	9
68760,	ifficate be executed g physician and as the burial-transit		Sequantially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated avants	c. To	b 1	consequence of					1		
Box 687		n/Medical	rasulting in death) Lest	d	ue to (or es e	consequance o	f):						
	p eq the	Physician/N	Part II. Other significant conditions of	ontributing to death but	not resulting i	n tha undarlyin	g ceusa gi	ven in Part I.	23b. Did	tobacco uss co	ntributs to	the cause	of death?
s, P.O	ires that the signed by d be detact	by Ph			A.M				10	Yes 2 No	3 Prob	ably 4	Unknown
Records,	sw requisites been 2 should	Completed							24a. Was perfo	an autopsy rmed?	con	re autopsy ilable prior npletion of laath?	rto
	E 5 6		OF Miss and veterant to medical						10		10	Yas 20	□ No
of Vital	Physician: 'this cartifica	To Be	25. Was cesa raferred to medicel axaminar?  1 ☐ Yas 2 ☑ No	Hospital:	2 ☐ ER/Oι	utpatient 3	DOA Ott	28. Placa of Dea	ith <i>(Check only c</i> ioma 5 ☐ Rasio		nar (Spacify	1)	
	ding Ph h. After th funeral		27. Manner of Death  1. Natural 5 Pending 2 Accident Invastigation	28a. Data of Injury (Month, Day	28b.	Time of Injury	28c. inju Wo	- 42		now Injury occur			11,12
Division	To the Hospital or Attanding is within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	Certification:	2 Accident Invastigation 3 Suicida 6 Could not be datermined		y - At homa, fa (Specify)			7143 2 110	28f. Location (S City or Tox	Street and Numi vn, State)	per or Rural	Routa Nu	mber,
	Hospita 24 hours Funeral etely filled	edical	29a. Cartifiar 17 Cartifying Ph	ysician: To the best of niner: On the basis of a end mennar state	xamination an	e, daath occurre d/or invastigati	ed et the ti	ma, data and place opinion, daath occu	, and due to tha rred at tha tima,	ceuse(s) and made,	annar as sta and dua to	ated. the cause	(s)
	To the mithin 2 To the comple	Me	29b. Signature and title of certifier	11441	/		29c. Licens			29d. Data signe	d (Month, E	Day, Year)	
	(1)		1 Cechon	400g	m.o		D 08	5018		2/8/	196		
(	V		RICHARD T KIN	confoleted cause of das		(Type, Print) SEMIN	My	RS DUR	t, VA	223	11		
	Sta		31. Deta filad (Month, Day, Year)	906 32. Registrar	s Signetura	Realett							

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96 05981 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12:44 AM Le 16 4. SOCIAL SECURITY NUMBER 5. SE) 6. AGE (In yrs. last IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign (Month, Day, Year) 12-29-39 252-58-8677 56 DAYS HOURS 1 M 2 | F Georgia 9s. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR ther 4 RESIDENCE OF DECEDENT 10s. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Suitland 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 3415 Parkway Terrace Drive #1 20746 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, etc. If yes, specify Cubsn, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 X NO Specify: Specify: Black ВY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondar 12th dary (0-12) College (1-4 or 5+) Equipment Serviceman Private 17. FATHER'S NAME (First, Middle, Last, 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Willie J. Standifer Reva B. Brinkley BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20746 2 Lillian Standifer/Wife 3415 Parkway Terrace Drive #1, Suitland 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stats OATE 2/19 Southview 4 Donation 6 Other (Specify) Cemetery Monticello, Georgia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J. B. Jenkins Funeral Home Buscre-Tonic Symbolly C 7474 Landover Road, Landover 23. PART I. Enter the disea sea, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line interval Between **Onset and Death** IMMEDIATE CAUSE (Fine) disease or condition resulting in death) INTRACTABLE SEPTIC SHOCK DAYS. DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE CARDIOMYOPATH IES. MONTHS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING END STAGE OF RENAL DISEASE WITH NEPHRECTOMIES, YEARS. CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST INFECTED DIALYSIS GRAFT AND GRAFT FAILURE. DAYS. PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPRY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE HISTORY OF POLYCYSTIC KIDNEYS AND RENAL CELL 1 TES 2 NO OF DEATH? CARCINOMAS. S/P sple rectomy, 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO IN UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other /Specify 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 27. MANNER OF CEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 3 Suicide 26s. PLACE OF INJURY — At home, 1srm, street, 1actory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated.

W OEATN (ITEM 27) (Type, Print)

PETER W.YIM M.D. 7900 OLD BRANCH AVE. SUITE 101, CLINTON, MARYLAND 207 35 31. DATE FILED (Month, Day, Year)

29c. LICENSE NUMBER

D1 2884

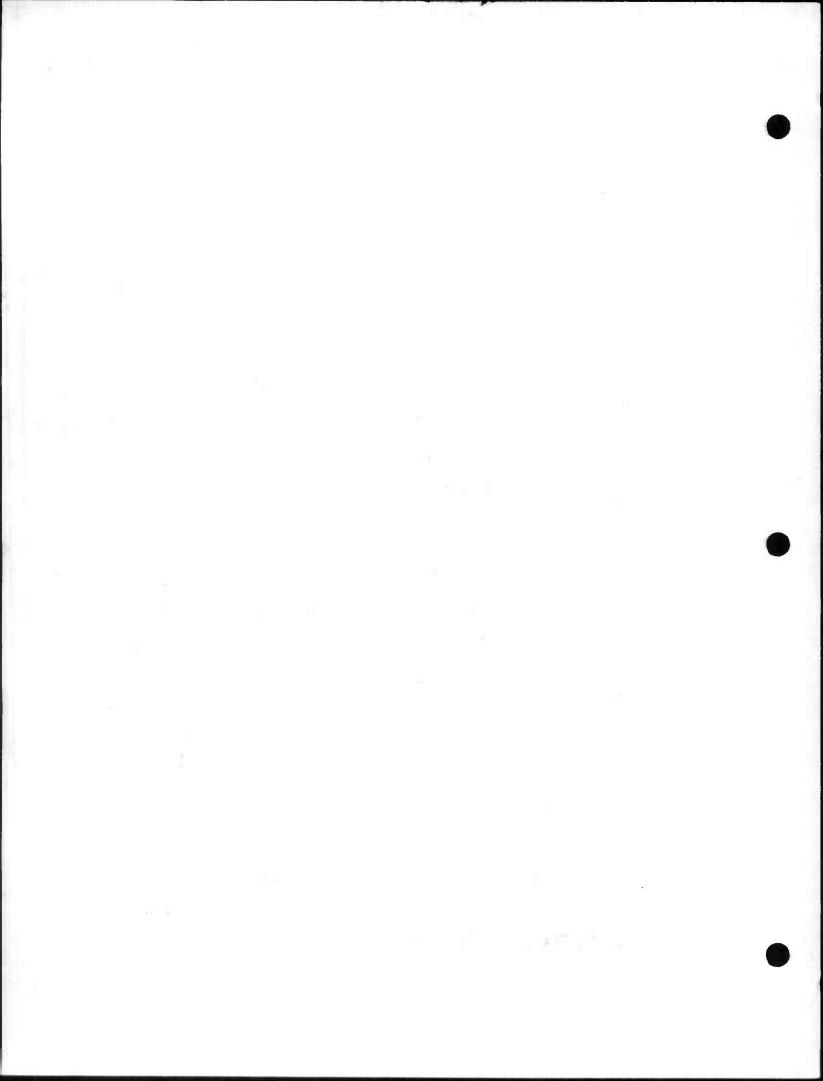
FEB 15

29b. SIGNATURE AND TITLE OF CERTIFIER



29d, DATE SIGNED (Month, Day, Year)

Feb. 14 1995

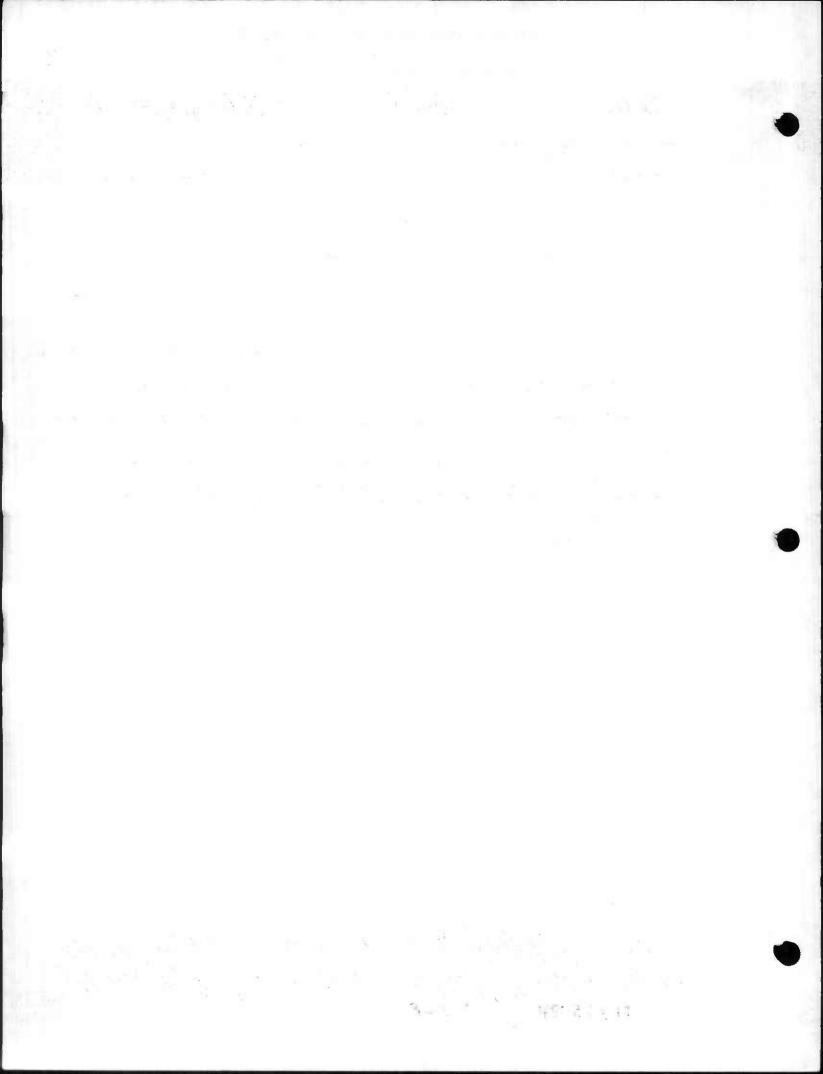


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State of Maryland / Department of Health and Mental Hygiene Q C

	Physici	ian	Decedant's Neme (First, Middle,	Last) Cool		52	ertifica	ite of	Death	Date of De	Reg. No.	A see 7	3. Tima of Death	
Eq.	/Medi	cal	4e. Facility Nema (If not institution,	EHRL	0	m	m		4b. City, Town, or	te mus	410/19	96	11-114	
	Examir	ner	Prince Georg		_				Cheve		4c. County			
	Funeral			. Sax 7. A	ge (In yrs. I	ast birtha	ay) If Und	ar 1 Yaar s Days	If Undar 24 Hrs	S. 8. Data of Bi		9. Birth	placa (Stata or Foreign	
	Director		578-700939	1⊠M 2□F	42	Yrs	·	Days	Tiodis IVIII	08-16	-53		hington D	
	dand ow		Usuel Residance of Decedant 10a. Stata 10b. County		10c. City	, Town o	Location						10d. inside City Limits	
	Men,	to	MD P	G	Lan	dov	er H:	111s					1 Yes 2 No	
	or 28	Director	10e. Street and Number					ip Coda			10g. Citizan of W	het Cou	ntry?	
	eth w	rai	6910 Allison					207			T	U.S		
020	filed within 72 hours effer deeth with the Meryland Hygiene. ther than "netural", or flems 23s or 23s-f show int, the Medical Exemples must be notified at	by Funeral	11. Marital Stetus  1 □ Nevar Married 2 ☑ Marrie 3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forces  1	? No	5.			Hispanic Origin? (: ean, Maxican, Pue Specify:	Specify Yes or Norto Rican, atc.)	o- 14. Hace Blace Specify.	k, Whita,	can indien, atc. lack	
21215-0020	s 1 and 2 should be filed within 72 hours of f Heelith and Mentel Hygiene. tem 27 is marked other than "natural", or other traumatic event, the Mad on Error	Completed	15. Decedant's (Specify only highast Elemantary/Secondery (0-12)	grada complated) Collaga (1-4or					petion during most of wo		16b. Kind of Bu			
d 2	filed with Hygiene. rther than		17. Fathar's Nama (First, Middle, La	2yrs	5		Compi	TOT	Specia		a, Meldan Sumam		Systems	
lan	should be filed within and Mentel Hygiene. marked other than smattic event, the Manadic e	To Be	Johnni	e W. Smit	th Sr						t D. Jo			
Maryland d 2 should be file th end Mentel Hy 7 is marked oth	end N end N s mar		19a. Informant's Name/Relationshi							er or Rural Routa Number, City or Town, Steta, Zip Coda)				
	m 0		Beverly Sm	ith	ani Bi				de Driv		tering,			
altimore,			20a. Mathod of Disposition 1 □ Burlal 2 □ Cramation 3 4 □ Donetion 5 □ Other (Spe		CE	matary,	sposition (A crematory o ngto:	r othar pla		Dete 2-17-9	6 Suit		own, State	
Balt	permit. Pege Department of Important: If any Injury or once.		21. Signatura of Funaral Service Lie	censee 7			22. Name Aus	end Addr	ass of Facility Royster	Funer	al Home	<u> </u>		
4	Physician /Medical Examiner	er	23a. Pert1. Enlar tha disease, or conshook, or haart failura. List or limmadiata Causa (Final diseasa or condition resulting in deeth)	Labette	arter	nil		lue			No deres	ne	Approximata Intarvel Betwaen Onset end Death	
,	icete be asscuted physician and s the burial-transit	Examiner	Sequantielly list conditions, if any, leading to Immadiata causa. Entar Underlying Ceusa (Disaasa or injury that Initiated avants	b	Dua to (or	as a con	sequence o	f):				1		
	5 0 6	Medical	Ceusa (Disaasa or Injury that Initiated avants rasulting In daath) Last	Due to (or	o (or as e consequanca of):									
Вох	death cert e attendin ed for use	clan		d										
P.0	0 0 0	by Physician/M	Part II. Other significant conditions  Popular sules	,	but not rasu	lting in th	a undarlying	causa gi	van in Part I.				o the cause of death?  obably 4 Unknown	
Records,	e law requires thet the has been signed by th ge 2 should be detach	Completed b									s an autopsy ormed?	6/	/era autopsy findings vallable prior to ompiation of cause daeth?	
E	ate h	Con								10	Yas 20 No	1	□Yas 2□No	
Vital	Physician: The this certificate ral director, par	o Be	25. Was casa referred to madical axaminer2	Hospitel:				Ot	her:	ath (Check only				
o	를 를 들	-	127as 2 No 27. Manner of Deeth	28a. Date of Inju	ury	R/Outpa 28b. Tim	a of	28c. Inju Wo	4 LI Nursing	_	idance 6 Othe how injury occurre		fy)	
ion	Attanding is or death. octor: After by the funer	atio	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant Invastige		ay Year)	Inju	y M		rk? ]Yas 2□No					
7	al or Attandi s efter death. il Director: A ed in by the f	Certification:	3 Suicide 6 Could no 4 Homicida determin	ad Zoa. Place of In	jury - At hor	na, fer <i>m</i>	straat, fact	ory, office			(Straat and Number own, Stata)	er or Run	al Routa Number,	
	To the Hospital or within 24 hours effer to the Funerel Direction of the Funerel Direction of the formula of the filled in the formula of the filled in the formula of the filled in the	edical (	29a. Cartifier 1 Certifying (Check only one) 2 Medical Ex	Physician: To the best aminer: On the basis of and menner st	of axaminati	rledge, de on and/o	aath occurre Invastigation	d at tha ti	ma, dala and plac opinion, daath occ	e, and dua to the urred at tha tima	cause(s) and ma , data and place, a	nnar as s and dua t	stated. o tha causa(s)	
	o the within 2 to the comple	Me	29b. Signature and title of certifier	O Pint	wW	W	2	9c, Lican	sa number	5	29d Data signed	(Month,	Dey, Year)	
(	10)		30. Nauye and address of pergenywr	mplated cause of the	death (Item	23a) (Ty	pe, Print)	2	6 0	10-1	a Di	11/2	1776	
	Sta	ite	11. Date filed (Month, Day, Year)	52. Rigis	rar's Signat	ure 🙍	y	roy	mun C	149	in you	n	148	

DHMH 16 Rev 6/95



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 059

						Certifica	te of	Death	R	eg. No.	, 0	0 3 0 0
	Di		1. Decedent'a Name (First, Middle, La	st)					2. Dete of Deat Month		Year	3. Time of Death
	Physic /Medi		LOUISE J	•	SHE	RWOOD			FEBRUAR	Y 6, 19		12.40PM
)	Exami		4a. Facility Neme (If not institution, give	e street end number)				4b. City, Town, or I	ocation of Deeth	4c. County of	of Death	
			Prince Georges Co	ounty Hospita	1		C	heverly		Prince	Geor	ges
	Funeral		Social Security Number 6. 8		rs. last birt	thdey) If Unde Months	r 1 Year Deys	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day)	Year	9. Birthpled	ce (Stete or Foreign
H	Director		215-62-9239 Usuel Residence of Decedent	□M 2XIF 82		Yrs.	Doys	Tiodis (Viii).	Jun.18,			ngton,D.C
	in 72 hours after death with the Maryland "natural", or flems 23a or 28a-f show exical Examiner naint be notilied at	٥	10a. State 10b. County			or Location					10d	I. Inside City Limita 1 → Yes 2 □ No
		Director	MD Prince G	eorges C	Amp S	prings	o Code			0g. Citizen of W	hat Country	2
		ā										
	eath m 23	era	7103 Buchanan Roa	12. Wes Decedent Ever in	115		748	ispanic Origin? (S	pacifu Vae or No	USA 14 Bace	- American	Indian
250	urs after d II, or item xananer	by Funeral	1 Never Married 2 Married  3X Widowed 4 Divorced	Armed Forces?  1  Yes, 2 No If Yes, Give Year or Detes:	10,3.	if Yes, spe	cify Cube	Specify:	o Rican, etc.)		Black, White, etc.	
5	2 hou		15. Decedent'a Ed	ducation	16a.	Decedent's Usu	al Occup	etion		16b. Kind of Bus		
2	C	Completed	(Specify only highest gra Elementary/Secondary (0-12)		-	(Give kind of wo	ork done	during most of wor	king		,	
212-025	filed within Hygiene. Ither then "	EO	12	College (1-4or 5+)	HO	memaker				Self		
	eff of the	BeC	17. Father's Name (First, Middle, Last,		110	THE HIGH ECT		18. Mother's Nan	ne (First, Middle, I		)	
mai yiaila	5.2 should be filed h end Mental Hygie Is marked other traumatic event, ti	To B	John E. Allman					Viola W	aroham			
31.	should ind Men imarks	-	19a. fnforment's Name/Relationship (	Type, Print)	19b.	Mailing Address	s (Street			City or Town. S	Stete. Zip C	ode)
_	N 0 2 2		Raymond E. Sherw		Rural Route Number, City or Town, Stete, Zip Code) Imp Springs, MD 20748			,				
5	Health Hem 27 I		20a. Method of Disposition		p. Place of	Disposition (Ne	me of			20c. Location - (		1, Stete
Dalumore,	permit. Peges 1 and Department of Health mportant: If hem 27 any injury or other to ans.		1 ☑Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif			y, cremetory or			10.100		100	
	artmen ortant: injury		21. Signature of Funeral Service Licer		edar	Hill Ce		_	/9/96 S	uitland	, MD	
3	permit. Peges 1 Department of H Important: If he any injury or ot		A Drag	Funeral	Home, In	nc.						
_	-	-	y. F. Mara	ance .		4308 S	uit1	and Rd.,	Suitland	MD 2074		
			23a. Part1. Enter the disease, or com mock, or heart failure. List only	plications that caused the di one cause on each line.	eeth. Do n	ot enter the mod	de ot dyln	g, such es cardied	or respiratory arr	est,	In	pproximate nterval Between Inset and Death
7	Physician /Medical		Immediate Cause (Final	0 1 1	. \	. \					1	riset and Death
	Examiner	ш	disease or condition resulting in death)	a fertaret	600	0001		Mur			1	2 4/042
		100	-100	Due to	o (or as a c	consequenca of)	:					
	ped usit	Examiner		b							1	
	icate be executed physician and s the burial-transit	xar	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury	Due to	o (or as e o	consequence of)	:					
00/00	be e ician bunia		cause. Enter Underlying Cause (Disease or injury	C,								
2	phys the	Medicai	that initiated events resulting in death) Last	Due to	(or as a c	onsequence of):					1	
<	ding ph			d								
<b>Y</b>	eath ce attendii I for use	Physician/										
	the de by the stacked itsched	ysic	Part II. Other significant conditions of				_		23b. Dfd to	bacco use conf	tribute to th	ne cause of death?
-	that the deby		chrone Ou	Armetive	ful	moruny	D	127 630	1 □ Y	2 No	3 Probal	bly 4 Unknow
or vical records,	v requires that the death certificate be executed been signed by the attending physician and should be deteched for use as the bunal-transit	Completed by				•			24a. Was a	n autopsy	24b. Were	autopsy findings
	98 L	pie									of de	eth?
	0 - 0	COL							1 □ Ye	s 2DNo	1 🗆 Y	res 2□ No
3	ician: Th certificate rector, pay	Be (	25. Was case referred to medical					26. Place of Dea	ith (Check only on	9)		
	2 00 0	To	examiner? 1 ☐ Yes 2 ☐ No	Hospital: 1 Inpatient 2	ER/Out	tpatient 3 D	OA Oth	er: 4 🗆 Nursing H	ome 5 Reside	nca 8 🗆 Othe	r (Specify)	
	ding Phy h. After thi funeral		27. Manner of Death 1 ☑Natural 5 ☑ Pending	28a. Date of Injury (Month, Dey Yeer	28b. T	ime of	28c. Injur Wor		28d. Describe ho			
	Attending In deeth.	atle	2 Accident Investigation	1		M		Yes 2□No				
	I or Attend after deeth Director: /	ertification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of Injury - A building, etc. (Spe	t home, far	rm, street, factor	y, offica		28f. Location (St City or Town		r or Rural F	loute Number,
2	s afte	Cer		building, etc. (Ope	iony/				ony or row	, oloto,		
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	licai	(Check only 2 Medical Exam	ysician: To the best of my k niner: On the basis of exem and manner stated.	Inetion and	s/or Investigation	, in my o	pinion, death occu	rred at the time, d	ite and piece, ar	nd due to th	ne cause(s)
	To the H within 24 To the Fi complete	29b. Signature and title of certifier 29c. License number							2	d. Date signed	(Month De	v. Year
	F 3 F 8		and manner stated.  29b. Signature and title of certifier  Duted. You have a deeth (Item 23a) (Type, Print)  30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)  The second of the							2/7/31	6	,,
	(6)		7	'						41.11		
	0		30. Name end eddress of person who	completed cause of deeth (I	tem 23a) (	Type, Print)	~	Ace de	-06100 L	mo 2	0704	b
			31 Date filed (Month Day Vess)	24 5-1-4-1-2		_,,,,_,,		1				
	Sta	te	31. Date filed (Month, Dey, Yeer)	A Register's Signature	lor le	delle						

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P.O.
RECORDS,
OF VITAL
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN				
	Norman	(Norman Stua	rt Selby, Selby	Sr.)		2. DATE OF DEATH BOTH POPULARY	3. TIME OF DEATH 96 4:00 pm M			
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 578-36-3346	1 💢 M 2 🗆 F 65	YAS.	F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1930 W	BIRTHPLACE (State or Foreign Country) (ashington, D.C		
	98. FACILITY NAME (If not institution, give str Doctor's Communit	Lanh	R LOCATION OF DE	ATH	Prince George's					
		nce George's	10c. CITY, 1	Rive	rdale			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	5303 Powhatan Road	101.	20737		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	ed 2 Merried FORCES? 1 X YES 2 NO				IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	se or No- 14. RACE — American Indian, Black, White, etc. Specify: White			
BE COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondery (0-12)	CATION completed)  College (1-4 or 5+)  16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)						overnment		
	17. FATHER'S NAME (First, Middle, Lest)  Joseph C. Selby			ME (First, Middle, Maider						
TO B	19m. INFORMANT'S NAME (Type/Print) Michael Selby	V-4				Houte Number, City or Tov				
	20c. METHOD OF DISPOSITION  1 TX Burdal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cematary, crematory or other place)  Cedar Hill Cemetery 2/14/1996  Suitland, Maryland									
	21, SIGNATURE OF FUNERAL SERVICE LICE	ce Hase	1	Franc		's Sons Fu		Home, P.A. 111e, MD 20781		
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Oo not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  a. A NONC ENCEPHALOPATHY  2 mon									
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  F S D PAACFAL RUPTURE  S DUE TO (OR AS A CONSEQUENCE OF):  P S D PAACFAL RUPTURE  S DUE TO (OR AS A CONSEQUENCE OF):  A S P IR ATION RUMONIA  S MONTH									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  DIAGREE MELLITUS CORO NARY  ARTERY OISESASE  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN							24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)  EXAMINER?  HOSPITAL:  OTHER									
	1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJURY OCCU	RED						
TED BY	2 Accident investigation 3 Sulcide 8 Could not be determined	Suicide 8 Could not be  28e. PLACE OF INJURY — At home, ferm, street, fectory, office bullding, etc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end menner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and menner as stated.									
BE	290. SIGNATURE AND TITLE OF SERTIFIER	Atto	nd Phy	<b>42.</b>	29c. LICENSE NUI	F97	29d. DATE 5	SIGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO	209A H	ANONER	2 PAR	PKWAP	GREE	~ (35 C	1 MO2-77-		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE			-				

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	men within 12 hours are death with the state beht, or regain and menta hybers prior to come, contravon, or remover.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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분	THE STATE	2
具	P;	8 <b>E</b>

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SUresh A-Parel, MD 750 | Surratts Rd.

31. DATE FILED (Month, Day, Year)

12. REGISTRAR'S SIGNATURE

FER 1.2. 1996

FEB 1-2 :1996

							31	0 05985		
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	AE.D.	SA	UNDE	RS	2. DATE OF DEATH MONTH DE	77.14	EAR 10.12 M		
	the state of the s	SEX 6. AGE (In	yrs. lest birthdey) YRS.	IF UNDER 1 YEAR WONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (1917) 10 726	0.	BIRTHPLACE (State or Foreign County)		
TOR	SOUTHERN MAN. RESIDENCE OF DECEDENT		SPITAL	0	IR LOCATION OF DE	ATH	PAIN	//		
DIRECTOR	100. STATE 10b. COUNTY Mass.		10c. CITY,	TOWN OR LOCAT	ion e			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
ERAL	100. STREET AND NUMBER 1374 Broadway	Apt 2-A		101	02144		USA	OF WHAT COUNTRY?		
BY FUNER	11. MARITAL STATUS 12 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2X NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)	or No- 14	. RACE — American Indian, Black, White, etc. Specify: Black		
LETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	ON apleted) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	ON st of working	18b. KIND OF BUS	1			
COMPL	12 Yrs 17. FATHER'S NAME (First, Middle, Last)	1 Yr	Secr	etary	18. MOTHER'S NA	ME (First, Middle, Melden Lillia	Surname)	ames		
TO BE	Spurgeon C. Dend	n, State, Zip Co	ode)							
Felicia L. Latimer  827 Lake Shore Drive, Mitchellville, Md.  20a. METHOD OF DISPOSITION  1 Survive 2 Cremetton 3 Removal from State  1 Date 20c. Location - City or Town, S cemetery crematory or other place)  Mt Call Vary Cemetery  2/14/96 Mattapan, Mass										
11	21. SIGNATURE OF FUNERAL SERVICE LICENS  JULIAN	John T. Rhines Co., Inc. 3030 12th St NE, DC 20017								
	23. PART. Enter the diseases, or companded, or heart failura. List IMMEDIATE CAUSE (Final disease or condition resulting in daath)	DUE TO (OR AS A C	PTC S	HOCK	_		iretory arrea	t, Approximata Interval Between Oneat and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. NEVTROPENIC SEPSIS  DUE TO (OR AS A CONSEQUENCE OF):  TO DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.								E		
EDICAL C	PART II. Other algoriticant conditions c	PERFOR	48. WAS AN AUTOPSY PERFORMED?  YES 2 X NO 24b. WERE AUTOF AVAILABLE P COMPLETION OF DEATH?							
CIAN: M	DID TOBACCO USE CONTRIB	V D	1 YE							
HYSICI	EXAMINER?  1 YES 2 XNO  HOSPITAL: 1 Nursing Home 5 Residence 8 Other (Specify)									
red By Pr	Netural 5 Pending   Investigation	28a. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY - building, etc. (Specif.	- At home, term, a	M 1	PRK? YES 2 NO	28f. LOCATION (Street	18f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIA									
D BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER			y spanovi, t	29c. LICENSE NUMBER  D 4 6478  29d. DATE SIGNED (Month, Day,  27 8 9 1					

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Marine ( 12) 388, 21 8 22

BALTIMORE, MARYLAND 21215-0020

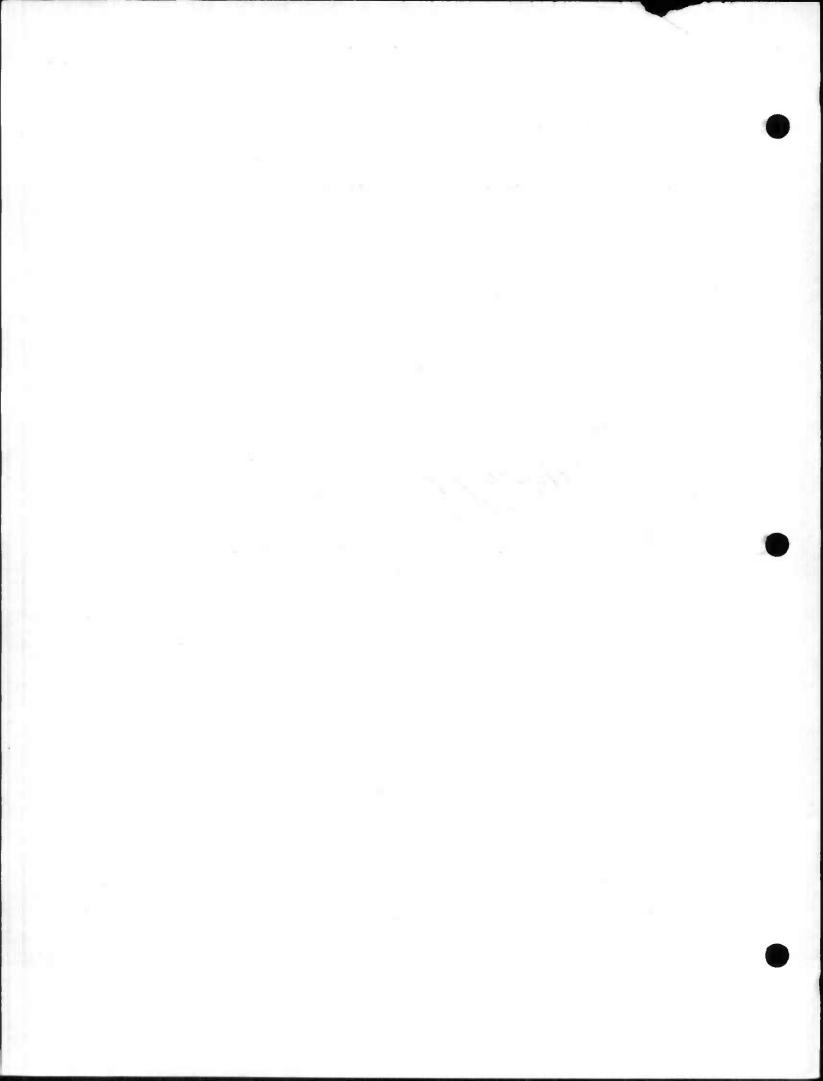
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.													
	1. DECEDENT'S NAME (First, Middle, Last) 2. DA							2. DATE OF DEATH 3. TIME OF DEATH						
	John Wesley T	Teat					January 28, 1996 9:10 a					M f		
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last birt	-	F UNDER		IF UNDER			ATE OF BIRTH fonth, Day, Year)		8. BIRTH Countr	PLACE (State or Foreig	gn
	217-05-4148	1 € M 2 □ F	M 2 F 92 YRS. MONTHS DAYS HOURS MIN.						December 26, 1903 Delaware					
_	9a. FACILITY NAME (If not institution, give s		. 1				R LOCATIO		ATH		9c. COUN			
ECTOR	Kent and Queen Anne's Hospital Chestertown MD Kent Count									Country				
E C									10d. INSIDE CITY					-
DIR	Maryland Quae	Quaeen Annes				Marvdel							LIMITS?  1 YES 2 NO	)
AL	10e. STREET AND NUMBER									. 117		VHAT COUNTRY?		
FUNERAL	600 Dubamel Cornor Ro				21649								States	
F	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 NO	U.S. ARMED  13. WAS DECENDENT OF HISPANI 2 ANO  14 yea, specify Cuban, Maxican					n, Pue	NGIN? (Specify Yearlo Rican, etc.)	— American Indian, c, White, etc.			
BY	3 N Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES		1	☐ YES	2 NO	Specify	y:			Specify: White		
ED	15. DECEDENT'S EDUI (Specify only highest grade	CATION COMPoleted)	16a. DECED							16b. KIND OF BU	SINESS/IND	USTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use /	retired.)	auring mod	uring most of working							
MP	4		Far	mer							ming			
_	17. FATHER'S NAME (First, Middle, Last)						18. MOTI			irst, Middle, Maiden	Sumame)			
BE	Jeremiah Teat  190, INFORMANT'S NAME (Typo/Print)		19b. M	AILING A	DDRESS	(Street a	nd Number			Jarman	n State Zin	Code)		
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Edith Davis  5005 Sudlersville Road, Clayton, Delaware											e 19938	2		
	20a METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Rem	and from Canta	20b. PLACE AND	DATEOF	DISPOS			TOOL	-		CATION —			-
	4 Donetion 5 Other (Specify)	1 1	cemetery, cremate	ury or othe	enet	ery -	Janu	ary 3	31	1996 Ter	plevil	le. I	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE UN	5142	-19.		22.1	NAME AN	D ADDRES	SS OF FA	CILITY	Homes,	-	ĺ		
	William L. K	ing Jr	Director	8								n. N	Maryland	
	23. PART i. Enter the diseases, or a hock, or heart fellure.			. Do not	t enter	the mo	de of dy	ng, aucl	h aa	cardiac or reap	iratory arr	eat,	Approximate Interval Betw	
	IMMEDIATE CAUSE (Final disease or condition					-	./		,		4		Onest and D	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cart lung with websitasis  Due to (or/as a consequence of:													
_	DUE TO LUNYAS A CUNSEQUENCE OFF;													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO (O	R AS A CONSEQUE	NCE OF):										
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury	C												
TIFI	that initiated events resulting in desth) LAST	DUE TO (O	R AS A CONSEQUE	NCE OF):										
CER		d												
AL	PART II. Other significant condition	a contributing to d	eeth but not resu	ilting in	the un	derlying	csuse i	given in	Part	I. 24a, WAS AN		245	WERE AUTOPSY FINDS	
EDIC										1 TYES	2 🗌 NO		OF DEATH?	ISE
≥						=				1		1	1 TES 2 NO	
AN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAU					UNC	ERTAII	N L	8				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1													
PHY	27. MANNER OF DEATH	28e. DATE OF IN	JURY 2	8b. TIME	OF	28c. INJ	URY AT	ratgerica	_	DESCRIBE HOW	INJURY OCC	CURED		
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	rear)	INJUF	М		RK? (ES 2	] NO						
ED B	3 Suicide 8 Could not be													
	4 Homicide datarmined	nined												
1PL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner a										a) and manner as state	ed.			
ш	20h RICHATURE AND TITLE OF CERTIFIER													
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLER	OF DEATH STEEL	7) (Time o	Orine)		02	-131	15		11	130	176	
	KIN K. U	JUN	223 /4	egt	1	8%,	Ch	ester	ito	wn, n	nD.	216	520	
6	FEB 2 96	Julia Dav	s signature Idson-Rand	w.										



State Registrar of death (Item/23a) (Type, Print)

The State of the S 

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rhours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CLRIII	ICATE OF	DEALIT	REG. NO.				
0	1. DECEDENT'S NAME (First, Middle, Last)  Edith Vie	nna TICE				2. DATE OF DEATH DATE OF DAT	1996 "	3. TIME OF DEATH 10:35 P M		
	4. SOCIAL SECURITY NUMBER 235-84-5278	5. SEX 6	AGE (In yrs. last birthday) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 4, 1	909	BIRTHPLACE (State or Foreign Country) Maryland		
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY			
PO	Colton Villa Nur	sing Home		Hagers	cown	Two talks	Was	hington		
HE C	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?		
ב ב	Maryland Was	hington	W	illiamspo				1 X YES 2 NO		
FUNERAL DIRECTOR	18 N. Vermont St				ZIP CODE 21795		10g. CITIZEN OF WHAT C			
2	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 [ IF YES, GIVE WAF	YES 2 NO	If yee, spe		NIC ORIGIN? (Specify Yea on, Puarto Rican, atc.) y:	or No 14.	RACE — American Indian, Black, White, etc. Specify White		
ED	1s. DECEDENT'S EDU (Specify only highest grad	JCATION completed)	(Give kind of v	USUAL OCCUPATION	N t of working	16b. KIND OF BUS	SINESS/INDUS			
PLE.	Elementary/Secondary (0-12)	College (1-4 or 5+)	House	Wester.		House	e work	-Home		
COMPL	17. FATHER'S NAME (First, Middle, Last)		Tiouser	VIIC	18. MOTHER'S NA	ME (First, Middle, Maiden		-none		
BE C	George William G	arrett			Salle	y May Fowl	er			
2	19e. INFORMANT'S NAME (Type/Print)			196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O.Box #466 Hagerstown, MD. 21741-0466						
-	Gerald J. Sword		20b. PLACE AND DATE	BOX #46				-U400		
	1 X Buriel 2 Cremation 3 Ren 4 Donetion 5 Other (Specify)	noval from State	Riverview Ce	metery [	eb. 15, 1		amsport			
	21. SIGNATURE OF FUNDAME SERVICE U	V V vi			D ADDRESS OF FA					
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. CERE	NIE OBSTR R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF LECYSTITIS R AS A CONSEQUENCE OF	LAR 1	ALRW ACEIDE	HY DISEK	<u> 5</u> 24	Interval Between Onset and Death SYEARS  34 EARS  2 wicks		
	PART II. Other algorificent condition	ne contribution to d	X	la dha ua dadular		Part I. 24e. WAS AN				
N: MEDICAL				INAL		DEDECAR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
PHTSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	neck only one)				
113	1 VES 2 NO		R/Outpetient 3 DOA	4 Nursing Hom		6 Other (Specify)				
10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	JURY 26b. TIM (NJ	0.11	IRY AT NY A- ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF building, at	NJURY — Al home, ferm, a			261. LOCATION (Street of City or Town, Stete)	TION (Street end Number or Rural Route Number, Town, Stete)			
COMPLEIED			y knowledge, death occurre	ed at the time, data				euse(s) end manner ee stated.		
O DE C	296. SIGNATURE AND TITLE OF CERTIFIE  JAN JON J	noys.			29c. LICENSE NUI		29d. DATE SI	IGNED (Month, Day, Year) 12.96		
	30. NAME AND ADDRESS OF PERSON WINDS	TREFT	OF DEATH (ITEM 27) (Type, HAGERSTI		1p	21740.				
	31. DATE FILED (Month, Day, Year) FEB 1 4 1996	32. REGISTRAR								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mounts after death. Page 6 may be retained by the hospital or attending physician.  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Park W. Espenschade,
31. DATE FILED (Month, Day, Year)

FEB 2 0 1996

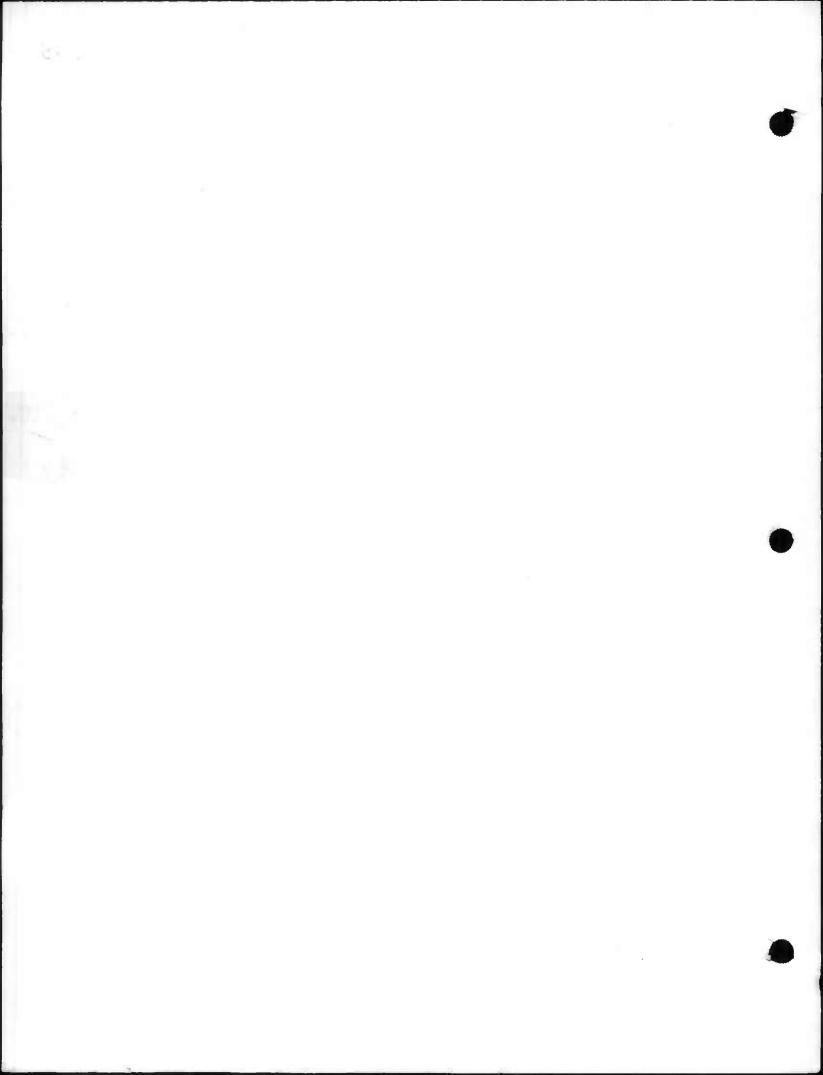
Jr.

32. REGISTRAP'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF M			TMENT ICATE				MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Edward		THO	MA	S			2. DATE	OF DEATH	3 19	96 3.	TIME OF DEATH 2245PM
	4. SOCIAL SECURITY NUMBER 577-28-5560	1 M 2 🗆 F	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER	DAYS	HOURS		(Monti May	OF BIRTH h, Day, Year) 31, 19		Country)	CE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give start of Carroll County G	,	spital		9b. CITY,			inste			9c. COUNT	rrol	
DIRECTOR	10a. STATE 10b. COUNTY	rroll		10c. CIT	Y, TOWN O		ion Ister						d. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 108 Bond St.					101	ZIP COD	E 21157	7			S.A.	T COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI W W	X YES 2 N AR OR DATES	MED IO	- 1	f yes, spe	ecity Cub		n, Puerto	17 (Specify Yes Rican, etc.)	s or No—	Black, W Specify:	American Indian, hite, etc.
8	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DE (Gi	ve kind of Do NOT u	usual or work done of se retired.)	SUD	erir	tend	ler t	KIND OF BU			WIIICE
	College (1-4 or 5+)   College (1-4 or 5+)   Elementary/Secondary (0-12)   College (1-4 or 5+)   teacher/principal   public school										,		
TO BE	190. INFORMANT'S NAME (Type/Print) Charlotte F. Tho				ond			r or Rural i	Route Num	ber, City or Tow er, MI	vn, State, Zip C	ode)	1.5
20e. METHOD OF DISPOSITION 1 IX Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, cremetory other place) Meadow Branch Cemetery						·v		West	cation - co	er N	4D		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE (). Qu	Der	1	22.	NAME AN	_			D. Han	rtzler	& S	ons
	23. PART I. Enter the disease, or cahock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition	Liet only one caus	taused the dese on each line							diac or resp	elretory arres	nt,	Approximata Interval Between Onset and Death
2	resulting in death)		OR AS A CONSECUTE OF							ROS	IS		SHOUTHS
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF):											
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other algnificant condition  DETRESSION		deeth but not r	resulting	in the ur	darlyin	g cause	given in	Part I.	PERFO		AM CC	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DIMPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES NO	,HOSPITAL:	ER/Outpatient 3	DOA	OTHE!	R:		DEATH (Ch					
ву РНУ	27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident trivestigation	26s. DATE OF (Month, De							DESCRIBE HOW INJURY OCCURED				
<u>a</u>	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE Of building,	F INJURY — At ho atc. (Specify)	ome, farm,	street, fac	lory, offic	•			CATION (Street or Town, State		r Rural Rout	Number,
COMPLET	29e. CERTIFIER CCheck only one) 2 MEDICAL EXAMINE	CIAN: To the best of ER: On the basic of er											nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	bounds	ade	2m	>			ENSE NUI		l	29d. DATE	SIGNED (M	T 96

419 Malcolm Dr.

Westminster, MD 21157



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 95 05990

						Cert	ificate of	Death	R	leg. No.			
	Dhusie	ion.	1. Decedent's Neme (First, Middle, L.	•	- 5.2			. 1	2. Dete of Dea Month	th Dey	Year	3. Time of Deeth	
	Physic /Medi		CLIFTON	STACK	ΕY	l	OLSO	N	Februar	4 12,	1996	5:00 Pm	
Æ	Exami		4a. Fecility Neme (If not institution, gi	ve street and number)	100			4b. City, Town, or L		4c. County	y of Deeth		
			Southern Maryla	nd Hospital				Clinton		Prunce	- Geor	ree's	
	Funeral		5. Social Security Number 6.	Sex 7. Age (	In yrs. last bii	rthdey)	If Under 1 Yeer Months Deys		8. Dete of Birth (Month, Day			ilece (Stete or Foreign	
	Director		251-26-3434 Usuel Residence of Decedent	XOM 2□F 70		Yrs.		Hours Min.	July 26	,1925	Sou	th Carolin	
	ylen how		10a. Stete 10b. County		0c. City, Tow	m or Loca	ition				1	0d. Inside City Limits	
	Ma Ma	Funeral Director	Maryland Prince	George's	Clint	con						1 ☐ Yes 2 🕱 No	
	1 th	ire	10e. Street end Number	,			10f. Zip Code		1	log. Citizen of	What Cour	itry?	
	13a Mil	<u> </u>	6904 Briarcliff	Drive			20735			U.S	.A.		
	deet and	ner	11. Meritel Stetus	12. Was Decedent Eve	er In U,S.				pecify Yes or No-		ce - Americ		
	s 1 and 2 should be filed within 72 hours efter deeth with the Maryland f Heelth and Mentel Hygiene.  tem 27 Is marked other then "natural", or items 23a or 23a-f show other traumstic event, the Medical Eventiret must be notified at	by	1 Never Merried 2 Merried	Armed Forces? 1 □Xes 2□ No If Yes, Give 194 Year or Detes:	3 <b>-1</b> 948	1[	Yes 2 No		Hican, etc.)	Specil	<i>y</i> :	White, etc. ICasian	
	72 ho	P P	15. Decedent'e E	ducation	16e	. Decede	nt's Usuei Occu	petion		16b. Kind of B			
	Med .	Completed	(Specify only highest gi Elementery/Secondery (0-12)	College (1-4or 5+)		life. DO	NOT use retire	during most of work d)	ung.				
	filed within Hygiene. ther then "	PO	11th	N/A	Bu	s Dr	river			METRO	/tran	sportation	
	tel Hygi d other event, t	BeC	17. Father's Neme (First, Middle, Las	1)				18. Mother's Nem	e (First, Middle,				
	Mentel Mentel arked o	To E	George S. Tolso	on				Marth	a A. McI	Daniel			
	2 should end Men la marke aumatic		19e. Informent's Neme/Reletionship		19t	o. Meiling	Address (Stree	t and Number or Rui	ral Route Number	r, City or Town	, Stete, Zip	Code)	
	1 and 2 Heelth e em 27 la rther tra		Patricia Dickir	ison				h Dr. Wal					
	f Her for the other		20a. Method of Disposition 42 Burlai 2 ☐ Cremetion 3 [				ion (Neme of tory or other ple			20c. Location	- City or To	wn, State	
	it. Page rtment o rtant: If i njury or		4 □ Donetion 5 □ Other (Special Signature of Funeral Section 1)	(y)		nal M	iem. Par	k Feb. 19					
	Depa Impo		21. Signeture of Puneral Segues pics	Start			Neme end Addr 633 Old		ee Funer ia Ferry			nc. 1, Md 2073	
	Physician /Medical		23a. Part1. Enter the disease, or con shock, or heert feilure. List only	plicetions thet caused the one ceuse on eech line.	e deeth. Do	not enter	the mode of dy	ing, such es cardiec	or respiretory arr	rest,		Approximete Interval Between Onset and Deeth	
			Immediete Cause (Finel										
	Examiner	ш	disease or condition resulting in deeth)  e. Canduony opahy, Iduopahic  Due to (or es a consequence ot):								10	rears	
		L											
	g #	Examiner	_	b. Ischemic	Hear	t 0	sease					leans	
	and -tran	хап	Sequentially list conditions,	Du	e to (or es e	conseque	ence of):					0	
•	Se ex		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Coronar	4 ART	enu	Disease				- 1	20601	
	tificete be executed g physician and as the burial-transit	Medicai	cause. Enter Underlying Cause (Disease or injury the initiated events resulting in deeth) Lest  Cononary Artery Disease  Due to (or as a consequence of):										
	eth cer ttendir or use	Physician/M		d							i		
	e de	/sic	Pert II. Other significant conditions	contributing to death but n	not resulting l	n the und	erlying cause gi	ven in Part I.	23b. Did to	obacco use co	ontribute to	the cause of death?	
	The law requires that the de ate has been signed by the a page 2 should be detached t								1 🗆 Y	es 2 No	3 Prol	pably 4 Unknow	
	signe 1 be	by									T	***************************************	
	v require been sig should t	te							24e. Wes a perfor	in autopsy med?	ave	ere sutopsy findings ellebie prior to	
	has by	pje									of	mpletion of cause death?	
	The is	Completed							1 🗆 Y	es 2XNo	10	Yes 2□ No	
		Be	25. Was case referred to medical					28. Place of Deel	th (Check only or	10)			
	ysician: s certific director,	ToE	exeminer? 1 Yes 2 No	Hospitel:	2□ ER/Ou	utpatient	3□ DOA Ot	hor	ome 5 Reside		ARKET	CAR	
	Attending Physician: or death. ector: After this certific by the funerel director,		27. Menner of Death	28a. Dete of Injury	28b.	Time ot	28c. Inju		28d. Describe h			,	
	th. Afte	Certification:	1 VNetural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Yo	ear) I	Injury		rk? ]Yes 2∐No					
	dea ctor	fice	3 Sulcide 6 Could not b	One Diseaset Initiati	- At home, fe	erm, stree	t, fectory, office		28t. Location (S	treet and Num	ber or Rura	I Route Number.	
	after Dire	er.	4 Homicide	building, etc. (	Specify)	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town	n, Stete)			
	ours eral		29e. Certifier 1☐ Certifying Pl	nysician: To the best ot m	w knowledge	dooth o	covered at the ti	me data and place	and due to the e	auga/a) and m		Interd	
	To the Hospital or Attendit within 24 hours after death.  To the Funeral Director: A completely filled in by the fu	edicai		miner: On the basis of ex end menner steted	aminetion en	d/or Inve	stigetion, in my	opinion, deeth occur	red et the time, d	ause(e) and m late end piece,	end due to	the cause(s)	
	Vithii To th	X	29b. Signeture end title of certifier					se number		9d. Dete signe			
			1 Storeer 1	1D			02	5925		Chan	mu 13	1991	
			30. Name and address of person who		h /itam no-	(Tree 5	ine)	- ,		, Juli	44 13	71176	
			J. BERGER MD #				1 A 140	5925 Bernesd	0 14. 0	2001			
			31. Dete filed (Month, Dey, Year)				) Ave,	Deinesa	u, ma	2081	1	-	
	Sta Registr	-	FEB 2 1	1996	Signeture	P	1.11						
				1000	an money (SE)	- WUNG	all						

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State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth **Physician** Month THOMAS FLORENCE 11:49 Am February 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner PRINCE GEORGE'S 8926 Woodyard Rd. Suite 701 Clinton If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 7. Aga (In yrs. last birthday) 87 vre 5. Social Security Number Birthpleca (Stata or Foreign Country) **Funeral** 1□ M 2□¥ Months Director July 22,1908 579-32-8634 Washington, DC Usuel Rasidance of Decedent the Meryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ahow 7 is marked other than "natural", or items 23a or 28a-f ahov traumstic event, the Madical Examiner must be nothing as 1 Yes 2 No Director Maryland Prince George's Fort Washington 10e. Street end Number 10g. Citizen of What Country? 8003 Veltri Drive 20744 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Bieck, Whita, atc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Yas 2 ☐ Xio If Yes, Give Yeer or Dates: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: Caucasian 3 Nidowed 4 Divorced Completed 18a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Peges 1 end 2 should be filled within: Department of Health end Mental Hyglene. Important: if item 27 is marked other than "rany iqury or other traumatic event, the Mad 2008. Elementery/Secondery (0-12) College (1-4or 5+) 12th Federal Government Clerk 17. Father's Nema (First, Middla, Last) 18. Mother's Neme (First, Middla, Maldan Surname) Ella Richard Albert Sansbury White 19a. Informent's Neme/Retetionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Robert F. Poore, Sr. 8003 Veltri Drive Ft. Washington Md. 20744 20b. Plece of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☼ Çremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Lee Crematory February 10,1996 21. Signeture of Funeret Service Licensea 22. Name and Address of Facility Lee Funeral Home, Inc. Dellon 6633 Old Alexandria Ferry Rd Clinton, Md 20735 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or raspiratory arrest, shock, or heart feilure. List only one cause on each line. Intervel Between Onset and Death **Physician** /Medical Immediate Causa (Finat · ATherosclenatic Candiovascular Disease, Generalized disease or condition resulting in deeth) 4ears Examiner Due to (or es e consequence of): physician and the burial-transit Sequantially list conditions, if eny, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Records, P.O. Box 68760. Physician/Medical Due to (or as e consaquance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach (R) Hip Fracture, with complications, 5/p fracture of 1 Ves 2 No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings aveilebte prior to completion of cause of death? 24e. Wes an eutopsy performed? December 15, 1995; ANEMIA. 1 □ Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be ( 25. Wes case referred to medicat 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) OFFICE 2 1 Yes 2 No 27. Mennar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred Certification: 28c. Injury et Work? December 15, 1995 9:15 A M 1 Neture 5 Pending Investigation fall 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injuly - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City of Town, State) 7520 SURRATT'S Rd. CLINTON, Md 20735 4 Homicide Brick fond Oaks Nursuy Home. 7520 Surratt's Rd. CLINTON, M. 20735

1 Certifying Physician: To the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, and due to the cause(s) and mannar stated. 29a Certifier Medical 29b. Signeture end title of certifier 29c. Licensa number 29d. Dete signed (Month, Dey, Year) Buyen mo D25925 February 9, 1995 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print) 7720 WISCONSIN Ave, BeThesda, md J.BERGER MD #205

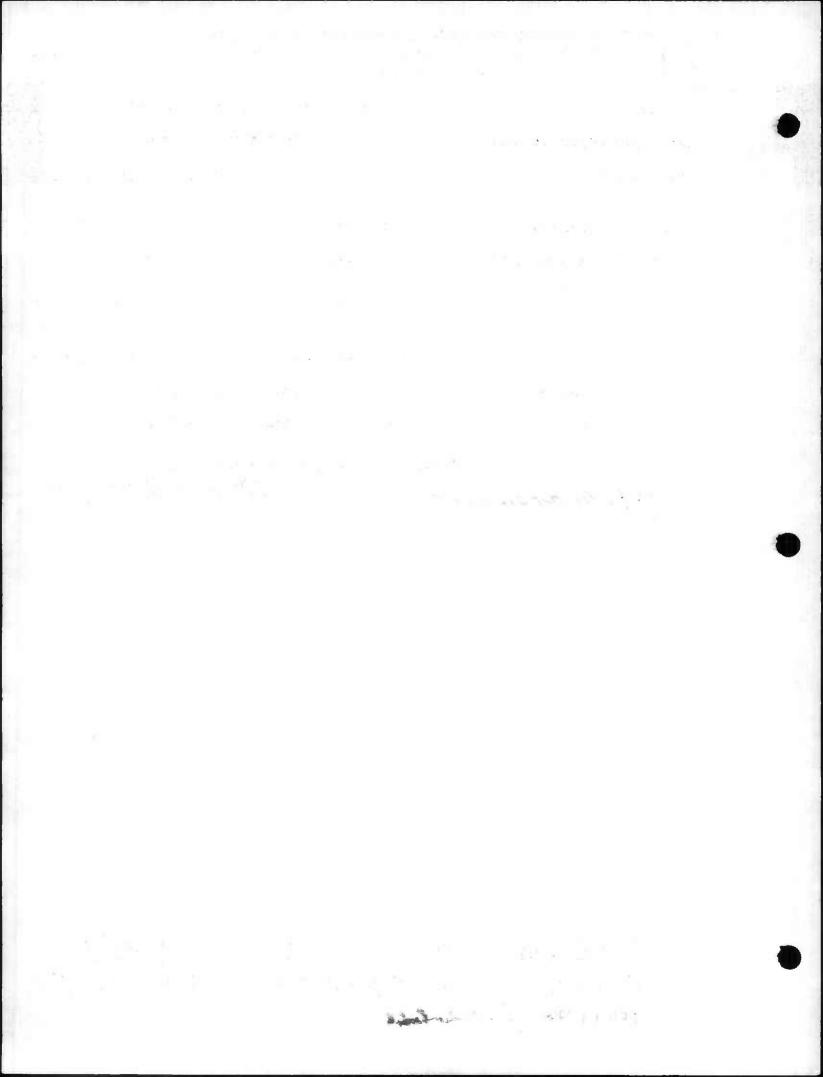
State Registrar 32. Registrer's Signeture

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State of Maryland / Department of Health and Mental Hygiene

								Cer	tificat	e of	Death			Reg. No.			
F	Physic	ian	1. Decedent's Name (F	irst, Middle, La	st)				TAYI	ΩP	Ir		2. Date of De Month JANUARY		1996		of Death 27 am
8	/Medi		ELIAS  4e. Facility Name (If no	et immeltiveline		rank and			IAII	JOK		um and	ocation of Deat	. T			- / CIII
	Examir	ner	Washington				1						a Park		inty of Death ntgome		
			5. Social Security Numl			1		46-46-11	If Under	1 Vest							
	Funeral			3	ex ØM 2□F		(In yrs. last bir 83	rnaay) Yrs.	Months	Days		Min.	8. Date of Bi	ay, Year)			or Foreign
	Director		579-18-523 Usual Residence of De	1			0.3	113.					0 21	1912	Arap	ahoe	NC
	and *			b. County			I0c. City, Tow	n or Loc	ation							10d. Inside	City Limite
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	he A	Director	MD M 10e. Streef and Numbe	lontgome	ery		Silv	er	Spri								
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	er de	Š	11. Marital Status		12. Wes Dec Armed F	orces?	er in U,S.	13. V	Yes, spe	ent of cify Cub	Hispanic Ori oen, Mexicar	gin? (Sp 1, Puerto	ecify Yes or No Rican, etc.)		Race - Ameri Biack, White,		
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D	事事事	ŭ	17. Father's Name (Firs	st. Middle, Last)	4 ye	ars		Just	ruct	1011	Labor		e (First, Middle	Blake Maiden Sun		uctio	п со.
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Maryland	d 2 should be th end Mental 7 is marked of traumatic ev	2	19a. Informant's Name				10h	Mailin	n Addross	/Ctran			al Route Numb			in Codo l	
Ma	ith er trau		Michael A.		, ypo, , , , , , , ,			8601	-				Ft. W			· ·	44
Baltimore,	permit. Pages 1 and 2 Department of Health e Important: If fem 27 is any Injury or other tra once.		20a. Method of Disposit	tion			20b. Place of	Dispos	ition (Nar	ne of			Date		on - City or T		
no	ages ant of t: If I		1 ∰ Buriai 2 □ C 4 □ Donation 5 □	remation 3	Removel from				atory or o				2 10 00	C 1	J N	4.3	
臣	permit. Pa Departmen Important: any Injury		21. Signeture of Funera				Lincol				Gemeters of Facility	-	2-10-96				
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ı			23a. Parti. Enter tha d shock, or heart fa	ilure. List only	ona cause on	each line.	e death. Doi	not ente	r the mod	e or dy	ing, such es	cardiac	or respiratory a	arrest,	1	Approxim Intervsi B Onsat en	etween
J	Physician /Medical		Immediata Cause (Fina	al		10	4.4	4		200	HI	20	Cano	011	1	> 1/	y law
	Examiner	Н	disease or condition resulting in death)		a	1 4				10	3/00	S.	Cour	CY		110	Schill
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	that the death of the strength	Physician	Part II. Other eigniffcan	nt conditions of	ontributing to d	leeth but	not resulting in	the un	dedvina c	ause o	iven in Part I		23b. Did	tobacco use	contribute 1	o the caus	e of death?
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	0 - 5	Completed											1 🗆	Yes 2 NN			□No
Vita	iclan: The certificate rector, pag	(A)	25. Was case referred to	to medical							26 Place	of Deat	h (Check only	one)			2110
>	Physician: this certific ral director,	o Be	axaminar? 1 ☐ Yes 2 ☐ No		Hospital: 1	inpatient	2 ER/Ou	tpatient	3 D DC	OA OI	har		me 5 Ras		Other (Speci	ify)	
of	£ = =	n: T	27. Manner of Death		28a. Date	of Injury	28b. 1	Time of		8c. Inju			28d. Describe			.,,,	
o	Attending I or death. ector: After by the funer	atio	1 Natural 5	<ul> <li>Pending investigation</li> </ul>		oth, Day Y	ear) I	njury	М		Yes 2	No					
Division	or Attendi efter death. Director: A d in by the fi	iffic	3 ☐ Suicide 6 4 ☐ Homicida	Could not be determined	288. Placi	a of fnjury	- At home, fa	rm, stre	et, factory	, offica			28f. Location (		ımber or Rur	ral Route Nu	ım <i>ber</i> ,
	P P P	Certification:	4   Hollicida	/	bulla	ling, efc. (	Specify)						City or To	wn, State)			
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edicai (	29a. Certifier 1	Certifying Phy	yelcfan: To the	best of r	ny knowledge	, death	occurred	at the t	ima, data an	d place,	and due to the	cause(s) and	mannar as	ststed.	(-)
	in 24 he Fi	ed	one)	Medical Exam	and mar	ner state	d.	d/or invi	estigation	in my	opinion, daa	tn occuri	ed at the time,	, date and plat	ce, and due t	to tha cause	(S)
	Vith To t	Σ	29b. Signeture and title	of certifier					290	Licen	se number			29d. Date sig	pled (Month,	Pay, Year	
	6			1100	m	17	10			)-	- 309	27		1/	29/	96	
	(6)		30. Nama and address	of person who	complated cau	sa of dea	th (Item 23a)	Тура, Р	nnt)	m-4	1.00.1	4-	1	-1,0	COL		D.
	0		OKIK	WON.	ロ.カ.	11	045	pri	ng.	5 /1	JUT.	#20	1,5	( VEr.	ZININ	9 2	09/0
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN		
	3	1. DECEDENT'S NAME (First, Middle, La TOSEPH	Todd				2. DATE OF OEATH DO	N 1996	3. TIME OF OEATH 7:25 AM
P		4. SOCIAL SECURITY NUMBER 026-01-4277	1 📉 M 2 🗆 F	(In yrs. lest birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 6, 19	919 CAL	IMPLACE (State or Foreign intry) IFORNIA
. 2. 3 should	стов	9a. FACILITY NAME (If not institution, gh NATIONAL LUT RESIDENCE OF DECEMENT	THERAN HOME			OR LOCATION OF D	EATH	9c. COUNTY OF MONTG	OMERY CO.
physician. burial-transit permit. Pages 1,	DIREC	10e. STATE 10b. COU		10c. CIT	Y, TOWN DR LOCK	VILLE			10d. INSIDE CITY LIMITS?  XXYES 2 \( \square\) NO
in. ransit perm	FUNERAL	9539- VEII	RS DRIVE #	#3	16	20850		10g. CITIZEN OF U.S.	WHAT COUNTRY? A.
	ВУ	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? MIXYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerio Rican, etc.)  1 YES 2 ND Specify: W				
hospital or attending ached for use as the	1	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed)  College (1-4 or 5 +)  4	(Give kind of a life. Do NOT us	USUAL OCCUPATI work done during m se retired.)	ION lost of working		CATTON	
by the		17. FATHER'S NAME (First, Middle, Last)  JOSEPH (			18. MOTHER'S NAME (First, Middle, Meiden Surneme) RUTH CRICKARD				
ay be retained page 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) MRS. SHIRLEY	TODD	19b. MAILING 953	ADDRESS (Street 9 - VEI)	and Number or Rural RS DRIV	Route Number, City or Town	n, State, Zip Code)	.20850
me 6 m		20e. METHOD OF DISPOSITION 1	emoval from State Cen	PLACE AND DATE OF PROPOL	TAN C	REMATOR	Y-2/6 ALE	CATION — City of T	
2 9 8		1. W. W.	moon		HT 1	YSONG C	O., INC.	W., WA	SH.,DC
ted within 24 hours after completely filled in by the ial. cremation, or removal event, the medical		23. PART I. Enter the disease, cahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	of complications that coused is only one cause on e	d the death. Do reach line.  Chir C	not enter the mo	Hay f	th as cardiac or reapi	ratory arreat,	Approximata interval Between Onset and Death
th certificate be executed ending physician and com if Hygiene prior to burial, or other traumatic en	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. Chrome DUE TO (OR AS A DUE TO (DR AS A	Restream Consciuence of SIS	elive,	Pulm.	mary l	Piscus.	Approximata interval Between Onset and Death  4 r  20 gaerr  40 geerr
ires that the d signed by the fealth and Mer ws any Injur	MEDICAL C	PART II. Other algnificant conditions of the wheen Cor Pulmon	disease, f	Bernign 1			Part I. 24a. WAS AN. PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 ND
The law ite has b ate Dept.	SICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT			N 🗆		4
PHYSICIAL this certifi with the rked, or	РНУ	1  YES 2 ND  27. MANNER OF DEATH  1 Neturel 5 Pending	1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT DRK? YES 2 NO	8 Other (Specify)  28d. DE\$CRIBE HOW IF	NJURY OCCURED	
TTENDI TOR: A after d	TED BY	2 Accident Investigatio 3 Suicide 8 Could not t 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, e			281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
TAL OR VAL DIRE 72 hour If Item	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PH	YSICIAN: To the best of my know INER: On the basic of examination	riedge, deeth occurre n end/or investigatio	nd et the time, dete	e end piece, end due death occured at the	to the cause(s) end man	ner ee stated. d due to the cause(	s) end manner ee stated.
THE HOSPI THE FUNEF filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIF	m m	20		29c. LICENSE NUR D36	WBER (8/8	29d. DATE SIGNED	(Month, Day, Year)
(2)		DR . SCHEMM				CKVILLE	,MD. 2085	0	
	1	31. DATE FILED (Month, Day, Spo)	32 REGISTRAR'S SIGN	ATURE					

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month **Physician** 11:08 AM ALFRED TAYLOR JANUARY /Medical 29 1996 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES If Under 1 Year Months Days Il Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 10M 20F Yrs Director 65 MAY 03, 1930 WASHINGTON, D.C. 579 40 8794 the Maryland 10a. State r 28a-f show motified at 10b. Count 10c. City, Town or Location 10d Inside City Limits 1 Yes 2 No Directo D.C. N/A WASHINGTON 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? than "natural", or items 23a or the Medical Examiner must be r 3933 1ST. STREET, N.W., # 4 20011 U.S.A. Funeral death 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after 5. Department of Health and Mental Hygene. Important if item 27 is merical other than "natural", or leave in jury or other traumatic event e... Black, White, etc. 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify à Specify: 3 Widowed 4 □ Divorced BLACK Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 2+ PRIVATE PRINTING 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) P TAYLOR TAYLOR MOLLIE SAMUEL 19a. Informant's Nama/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3609 PERRY STREET, MT. RAINIER, MD. 20712 MAELIZA MUNGO/ WIFE 20c. Location - City or Town, State Place of Disposition (Name of cemetery, crematory or other place) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State **GLENWOOD CEMETERY** 2/5/96 WASHINGTON, D.C. 4 □ Donatjon 5 □ Other (Specify) 22. Name and Address of Facility E.M. DUDLEY FUNERAL HOME 3200 RHODE ISLAND AVE., MT.RAINIER, MD.20712 23arPart1 th. Do not enter the mode of dying, such as cardiac or respiratory arrest, Enter the disease, or complications that caused the or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical CARDIAC ARREST 5 MINUTES Examiner Due to (or as a consequence of): Physician/Medical Examiner RESPIRATORY ARREST 2 MINUTES Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of) Box 68760. 80 that initiated events resulting in death) Last 2 Due to (or as a consequence of): ä UNG o Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown ď. CRANIOTOMY FOR BRAIN TUMOR ON 1/4/96 Division of Vital Records, þ 28 24a. Was an autopsy performed? 24b. Were autopey findings available prior to Completed completion of cause of death? The law D409 2 2 X No 1 □ Yes 2 □ No certificate Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4□ Nursing Home 5□ Residence 6 □ Other (Specify) 1□Yes 20 No Certification: To 1 inpatient 2 ER/Outpatient 3 DOA 着 luneral 27. Maryner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Ather 1 Natural Attending 5 Pending 1 Yes 2 No 24 hours after death. Funeral Director: A investigation 2 Appident □ Could not be 28t. Location (Street and Number or Rural Route Number, City or Town, State) 3 C Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide ò Hospital Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 29a. Certifier 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Chack only one) To the P 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D16077 JANUARY 31, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

9470 ANNAPOLIS RD #412 LANHAM, MD 20706

Jali Mudean Ravfall

Registrar

State

DR. R.

31. Dete filed (Month, Dey, Year)

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32. Registrer's Signet

The state of the s 

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

10f. Zlp Code

20735

1 ☐ Yes 2 ☐ No Specify:

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death VATHES STEPHEN 11:26 Pm February 1996 16 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Southern Maryland Hospital Center PRINCE GEORGE'S Clinton If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month) Days | Hours | Min. | Aug 11,1938 7. Age (In yrs. last birthday) 57 vrs Birthplace (State or Foreign Country) 100M 2□ F Pennsylvania 10c. City, Town or Location 10d. Inside City Limits Prince George's Clinton 1 ☐ Yes 2 No

578-50-9625 Usual Residence of Decedent 10a. Stete show Maryland

NICHOLAS

10b. County

8910 Tall Cedar Lane

15. Decedent's Education (Specify only highest grade completed)

1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal trom State

1 Never Merried Merried

3 ☐ Widowed 4 ☐ Divorced

Elementary/Secondery (0-12)

Steve Nicholas

Karen Kaye Vathes

4 ☐ Donation 5 ☐ Other (Specify)

21. Signature of Funerel Service Licensee

19a. tnforment's Name/Relationship (Type, Print)

11th 17. Father's Name (First, Middle, Last)

20a. Method of Disposition

12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes:

College (1-4or 5+)

Vathes

5. Sociel Security Number

10e. Street and Number

Director Director þ Completed

**Physician** 

/Medical

Examiner

**Funeral** 

death with the Maryland 7 is marked other than "naturel", or items 23a or 28a-f shot traumatic event, the Mod cal Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or then eny Injury or other traumatic event. Its Maries I Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

sician and burial-transit P.O. Box 68760, attending physician for use as the buria signed by t Records, certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director,

Division of Vital

Physician/Medical

Completed

Be

edical Certification:

Alexandria Ferry Road, Clinton, Md 20735 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) . CORONARY HEART DISEASE years Due to (or as e consequence of): CORDNARY ARTERY DISEASE years Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or es a consequença of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☑ Unknown S/p 2 Triple by-pass coronary artery grafts-24b. Were autopsy findings evailable prior to completion of cause of death? 24e. Was an autopsy

Retired

20b. Plece of Disposition (Name of cemetery, crematory or other place)

Lee Crematory Feb 22,1996

bypass surgeries, last one October 1995 1 ☐ Yes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 8 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide

29a. Certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature end title of certifier Surger MD 29c. License number 025925

February 19, 1996

29d. Date signed (Month, Day, Year)

10g. Citizen of What Country?

United States

16b. Kind of Business/Industry

20c. Location - City or Town, State

Clinton, Maryland

Approximate Interval Between Onset and Death

1 ☐ Yes 2 ☐ No

Specify:

18. Mother's Name (First, Middle, Maiden Sumame)

22. Name and Address of Facility Lee Funeral Home, Inc 6633 Old

Helen Rabatin

19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8910 Tall Cedar Lane, Clinton, Maryland 20735

14. Rece - American indien,

WHITE

Federal Gov't Plumber

Black, White, etc.

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

J. BERGER MD #205, 7720 WISCONSON Ave, BeThesda, Md 20814 31. Date filed (Month, Day, Year) FEB 2 1 1996

State Registrar 32. Registrar's Signature

and the second s Arrest Degree 1 Page 100 Page 1 

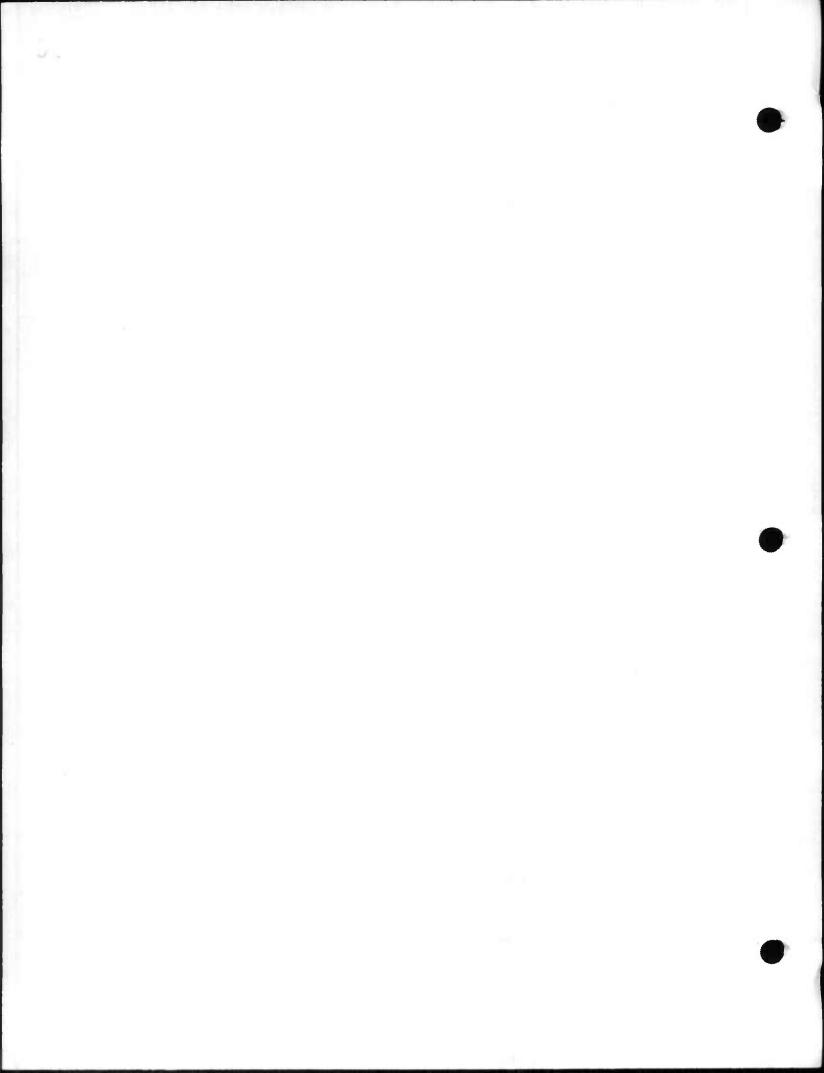
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

				2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH			
,	Rodney L. White				Feb 13 19	96		6:45am		
	7.1	yrs. lest birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHP Country)	LACE (State or Fore		
	216-18-7215 1 M 2 F /1  9a. FACILITY NAME (If not institution, give street and number)	Tho.	9b. CITY TOWN	OR LOCATION OF DE	Jun 24 1	924 N	_	land		
DIRECTOR	1839 Biggs Highway		Rising			Ceci		SI D		
EC	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCA	TION			1	lod. INSIDE CITY		
	MD Cecil	Ris	sing Sur	1			- 1	LIMITS?		
FUNERAL	10.0 STREET AND NUMBER		10	. ZIP CODE		10g. CITIZEN	OF WH	IAT COUNTRY?		
NE.	1839 Biggs Highway  11. MARITAL STATUS  12. WAS DECEDENT EVER IN	II C ADMED	142 440 054	21911		USA				
ВУ	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DATE WILL WILL WILL WILL WILL WILL WILL WIL	2 NO	If yes, ap	ecity Cuben, Maxica 2 (XNO Specif)	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No — 14.	Black, Specify:	- American Indian White, atc. White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	ork done during me	ON ast of working	16b. KIND OF BU	SINESS/INDUS	TRY			
	Elementary/Secondary (0-12) College (1-4 or 5+)	We. Do NOT use	,		Servic					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Labor	er	18. MOTHER'S NA	ME (First, Middle, Maiden					
w I	Marion T. White				M. Terry					
10 B	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow	m, State, Zip Co	de)			
	Evelyn B. White				MD 21911					
	1 Souriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	PLACE AND DATE OF tery, crematory or oth OOKVIEW	er place) Cemeter	v Feb 16	1996 Ris	CATION - City	or Town	n, Stata		
	21. BIGNATURE OF FUNEBAL SERVICE LICENSEE	OURVIEW	22. NAME AI	O ADDRESS OF FA	LIJJU   KIS	sing Su	n M	D		
	Tieland I (In	The.	R. T.	Foard F	uneral Hom	ne, P.A		1011		
	23. PART I. Enter the diseases, or complications that seused shock, or heart fellure. List only one sause on each	the death. Do no	ot enter the mo	de of dying, suci	St. Rising	ratory arrest	, Z	Approximat		
	IMMEDIATE CAUSE (Final		01					Onset and		
	disease or condition resulting in desth)	-01/	Colo	liv				11194		
_	meters	CONSEQUENCE OF	15	Riv	0.1					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	CONSEQUENCE OF)	1	7000						
S	CAUSE (Disease or Injury									
	that initiated events DUE TO (OR AS A CONFEQUENCE OF): resulting in death) LAST									
	d,									
SA	PART II. Other significant conditions contributing to deeth but	t not resulting in	the underlying	g ceuse given in	Part I. 24a. WAS AN PERFOR	COLUMN 1	A	ERE AUTOPSY FING		
MEDIC					1 YES 2	NO NO		OMPLETION OF CA F DEATH?		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YES		LUNCERTAIN			1	YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL 26	8. PLACE OF DEATH	(Check only one)	O TOLKIMII	· = 1					
YSI	1 ☐ YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpat		OTHER: 4 - Nursing Hom	e 5 M Residence	8 Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 V	RK? (ES 2 NO	284. DESCRIBE HOW I	_				
ETED	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY – building, etc. (Specify	- At home, farm, str	reet, factory, offic		26f. LOCATION (Street a City or Town, State)	and Number or F	Rurai Rou	ite Number,		
COMPL	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowled one)  2 MEDICAL EXAMINER: On the basis of axamination a						use(s) a	nd manner aa ste		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  10 MANE AND ADDRESS OF PERSON MAY COMME			D217	9 ·	29d. DATE SH	GNED (M	lonip, Day, Year)		
	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, F	PE	RRY	POINT	M	7	2191		



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DIVISION OF VITAL RECORDS,	
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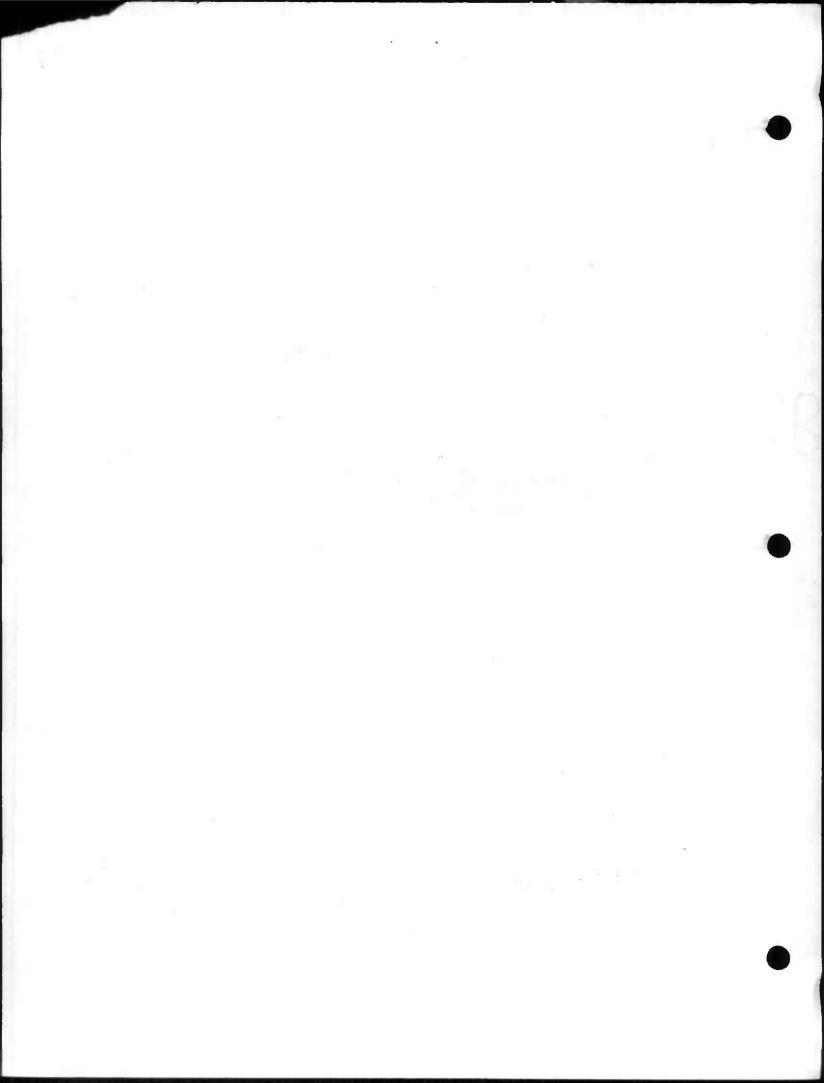
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	IYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AN ATE OF DEATH	D MENTA	L HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) Kristina Mae Webbe	er			2. DATE Jan	uary 29	, 199	3. TIME OF DEATH 0800 M		
4. SOCIAL SECURITY NUMBER 216-06-5472	1 🗆 M 2 💢 F		UNDER 1 YEAR IF UNDER 24 HR HTHS DAYS HOURS MH	(Mont	of Birth in,"Day, Year)		BIRTHPLACE (State or Foreign Country) Maryland		
6162 Quaker Neck F	ACILITY NAME (If not institution, give street end number)  2 Quaker Neck Road (AT HOME)  SIDENCE OF DECEDENT  STATE  106. COUNTY  106. CITY, TOWN OR LOCATION  9b. CITY, TOWN OR LOCATION  9c. COUNTY OF DEATH  Chestertown  10c. CITY, TOWN OR LOCATION  10d.  10d. CITY, TOWN OR LOCATION  10d.								
100. STREET AND NUMBER 6162 Quaker Neck F	Road		101. ZIP CODE 21620			d States			
11. MARITAL STATUS 1 Never Married 2 Merried 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		ecify: Spe			Black, White, etc.  Specify: White			
15. DECEDENT'S EDUI (Specify only highest grade Elementery/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	ille. Do NOT use re	done during most of working tired.)		b. KIND OF BUSIN				
17. FATHER'S NAME (First, Middle, Last) Charles Edward Mo	orris	Auvertising		NAME (First,	Newspape Middle, Maiden Su oleman				
190. INFORMANT'S NAME (Typo/Print) Charles Edward Mo			DRESS (Street and Number or Richard, Commercial Research, Commercial Research)	ural Route Nun	nber, City or Town,				
20. METHOD OF DISPOSITION 1 \( \tilde{\Omega} \) Burlet 2 \( \tilde{\Omega} \) Cremation 3 \( \tilde{\Omega} \) Rem 4 \( \tilde{\Omega} \) Donation 5 \( \tilde{\Omega} \) Other (Specify) 21. SIGNATURE OF FUNERAL SERVICEULIC		PLACE AND DATE OF C etery, cremetory of other Pauls Came	isposition (Name of place) February 2, tery			ertown	y or Town, State , Maryland		
William L. Kir	ng, Jr Dir	ector.		treet,	P.O. Box	959, C	hestertown, Maryl		
23. PART t. Enter the diseases, or ahock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A	ech line.	enter the mode of dying,	\		tory arres	Approximate interval Between Onset and Deeth		
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	bDUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other algorificant condition	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO								
DID TOBACCO USE CONT				AIN 🗆			1 TYES 2 NO		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO DOTHER: 1   Inperient 2   ER/Outpatient 3   DOA   A   Nursing Home 5 No A   Nursi									
1 Value 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation						LOCATION (Street and Number or Rural Route Number,			
4 Homicide determined	building, etc. (Spec	OHy)		Clh	or Town, State)				
29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner as stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner as stated.									
2 MEDICAL EXAMINE		296. SIGNATORE AND TITLE OF CERTIFIER  AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL							
2 MEDICAL EXAMINE	nun	ATH (ITEM 27) /Turns Do	29c. LICENSE	St 7		DATE S	131/96 .		

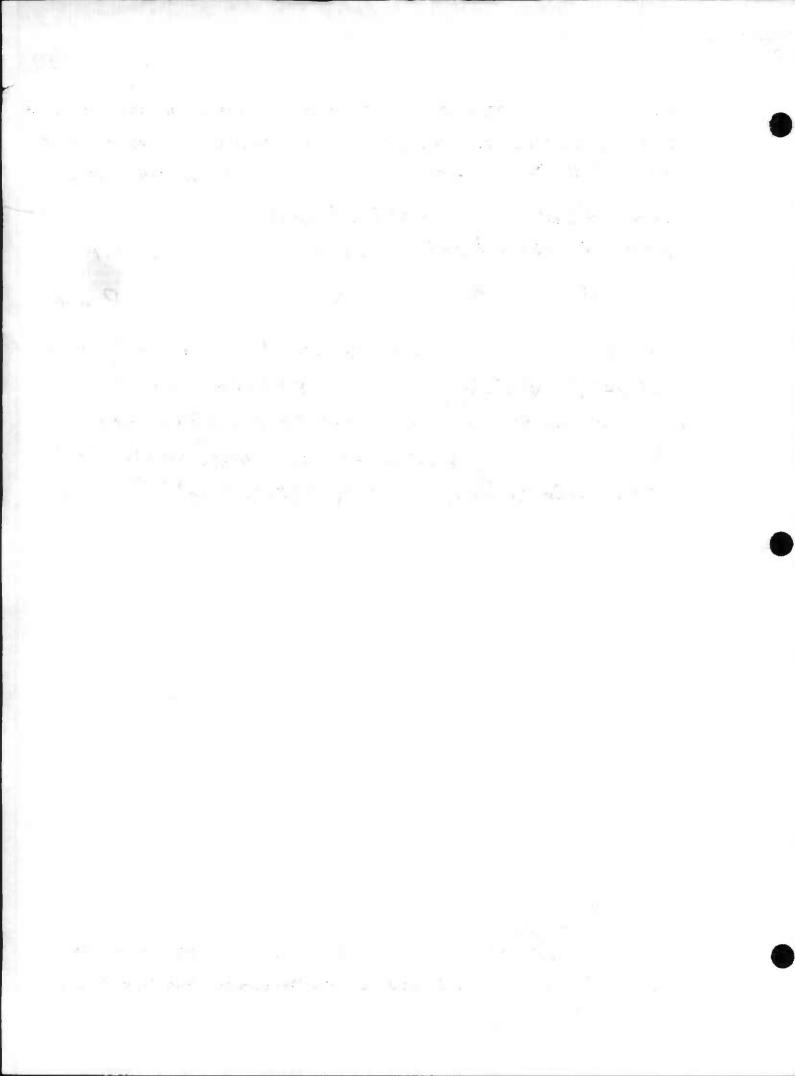


CIP

State of Maryland / Department of Health and Mental Hygiene 96 05998

Item2, 29d, Film733, 3/25/96, It, Per Med Ex. Cortificate of Death

rtemz	od, Film 35, 57 257 50, It, Tel Med Ex. Certifica	te of Death	Reg. No.	9 00550
Physician	Decedent's Neme (First, Middle, Last)		2. Data of Deeth Month Day 1	996ar 3. Time of Deeth
Physician /Medical	USTIN WILLIAM WA	TERS SR. J	ANUARY 6, 1	995 6:30 AM
Examiner	Facility Nama (If not Institution, give street and number)	4b. City, Town, or Lo	ocation of Death 4c. Coun	ty of Deeth
	5510 LOVERS LANE P.O. BOX #83	CHESTER	RTOWN K	ENT
neral		or 1 Yaer If Undar 24 Hrs.  Days Hours Min.	8. Data of Birth (Month, Day, Year)	Birthpleca (Stata or Forai Country)
ector			9-11-1971	MB.
	ual Rasidence of Decedant a. Stata 10b. Cpunty 10c. City, Town or Location			10d. Insida City Limi
P. P.	Md. KENT Chester	Trus		1 Yas
ect Se		p Coda	10a Chinas a	f What Country?
obsermant be monthed at Funeral Director	25510 LOVERS LANE 2	1620		. S.A
Is marked other than "natural, or tiems 23s or 28s-f show reumstic event, the Medical Examiner must be notified at To Be Completed by Funeral Director	Armed Forces?	dent of Hispenic Origin? (Specify Cuban, Mexican, Puerto	ecify Yes or No-	ace - American Indien, eck, White, etc.
Eramo by Fu	1 Never Married Married 1 Yas 2 No If Yas, Give Yaar or Datas:	1	Spec	01.01
T P	15. Decedant's Education 16a. Decedent's Usu	iel Occupetion	16b. Kind of	Businass/Industry
t, the Medical Completed	Flomenton (Secondary (0.12) College (1.4er F.)			Is alled
omp.	0-12 CARE 7	aker	Both	in Alley
event Be (	Fathar's Name (First, Middla, Last)		a (First, Middla, Maidan Suma	
To	ERNEST WATERS	ARDE	Elia WRIPH	47
traumatic event,			al Routa Number, City or Tow	
5	RS. LORRAINE J. WATERS P.O. BO.	+ #83 C	hester low	1, WP. 5(650
or other tr	a. Mathod of Disposition 20b. Place of Disposition (Na cematary, cramatory or			- City or Town, Stata
any injury or o	Buriai 2 Cremetion 3 Ramoval from State 4 Donation 5 Other (Specify)	FLOVE !	110/96 WOV	570N Mg.
<u>i</u>	Signature of Funerel Sarvice Licensaa 22. Nama a	nd Address of Fecility	SOAL LOY	m E SN, Md. 2/62
any Ir	Denneth Wala 2006	alle Tay of	LACTOR LOW	on, Md. 2/620
	a. Part1. Entar the disease, or complications that coused the deeth. Do not entar the mo			Approximete
ician	shock, or heert feilura. List only one ceusa on each lina.			Intarval Between Onsat and Death
lical	madiate Cause (Final			
Iner	easa or condition a.   Dua to (or as a consequence of)			1
<u>خ</u>	Dua to (or as a consequence or)			1
ial-transit	guantially list conditions.  Dua to (or as a consequence of)	,		
EX	ny, laeding to Immadiata	1		
edical	usa (Disaasa or injury c			
8 8	sulting in death) Last			
for use as the burial-transit clan/Medical Examin	d			
etached for us	t II. Other algnificant conditions contributing to death but not rasulting in the underlying	cause alven in Part I	23h Did tohecco use c	ontributs to the cause of dea
tached thysic	th. Other algeriteant conditions contributing to death but not resolving in the underlying	Jausa given in Pert I.	1 Yes 2 7No	H=24-2502
be det by P			1 198 2GFN0	3 Probably 4 Dollarin
			24a. Was an autopsy	24b. Were autopsy finding
page 2 should			performed?	available prior to completion of cause of death?
page 2			len i Fi	
rector, pag	Westernational		1 ∀as 2 No	1 PYes 2□ No
director,	Wes case referred to medical axaminar?  Hospital: Hospital:	Other	th (Check only ona)	
P P	NLY as 2 140 1 Inpatient 2 EH/Outpatient 3 D	OA 4 U Nursing Ho	oma 🖏 Rasidance 8 🗆 O 28d. Describe how Injury occi	
led in by the funaral Certification:	1 □Neturel 5 □ Panding (Month, Day Year) Injury	28c. Injury at Work? 1 ☐ Yas 2 ☐No	subject has	1 - 1/
the Car	Manufacture ST Could not be		28f. Location (Street and Num	9
ert.	28a. Place of Injury - At homa, farm, streat, factor building, atc. (Specify)	y, onice	City or Town, Steta)	
To the Funerel Director: A completaly filled in by the tr		f = 4 4h = 41=== 1 d= 4== = = d = 1===		Lane chaster
completely filled in by the	(Check only 2 Medical Examiner: On the basis of examination and/or investigation			
Me mp	, and making states.	c. Licansa number	29d Data sign	ned (Month, Day, Year)
8	11/10/1			1006
	V	O.C.M.E.	JANUAR	RY 6, <del>1995</del>
	Nama and addrass of person who complated cause of death (Item 23e) (Type, Print)			1 21221
	David R Powler 111 Penn Str		nore, Maryla	and 21201
State	Data filed (Month Pary Year) 96 32. Registrar's Signatura Pandelle			
egistrar	ALM TA OO MANAGEMENT AND AND AND AND AND AND AND AND AND AND	<u>!</u>		



Pages 1, 2, 3 should as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. use funeral director, page 5 should be detached for once. To notified must be examiner filled in by the form, or removal. medical other traumatic event, the and completely fi burial, cremation and Hygiene prior to HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be the attending p 10 Injury. and shows any signed the certificate has been sin the State Dept. of He of the marked, this with After t DIRECTOR: A hours after de litem 28 is 69 TO THE HOSPITAL D
TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If IN

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 12:57 A<sub>M</sub> YEAR January 24 1996 Pearl Nancy Wachowiz 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR a. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 X F 212-76-0382 76 Maryland December 17, 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH The Kent & Queen Anne's Hospital Ind Chestertown MD Kent DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY Maryland X YES 2 NO **Kent** Rock Hall FUNERAL 10e. STREET AND NUMBER tof, ZtP CODE 10g. CITIZEN DF WHAT COUNTRY? United States Henry Avenue 21661 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuban, Maxicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3XXWIdowed 4 ☐ Divorced White ETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10 Homemaker Domestic / Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Martin Dill Katherine Moore 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5853 Henry Avenue, Box 114, Rock Hall, Maryland 21661 George Wachowiz 20a. METHOD OF DISPOSITION

1 X Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Wesley, Cemetery - January 28, 1996 Rock Hall, Maryland Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA Fellows - Wells Funeral Home William L. King Jr. Director/ Maryland Route 20, Rock Hall, Maryland 23. PART I. Enter the diseases, or complications that course the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease pr condition Sudden death wites resulting in death) DUE TO (OR AS A CONSEQUENCE OF) ACVD-Hypertension
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING cerebralvascular disease with multiple CAUSE (Disease or Injury thet initiated events resulting in death) LAST small strokes PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE ASCUD - Cerebrorascular disrase with t YES 2 NO OF DEATH? multiple small stockes - Hypertay Siger 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TUNCERTAIN 26. PLACE DF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 Enpatient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 ND 27. MANNEB OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

A MENICAL EXAMINED, Do be best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: Do the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 00354 Reller 2

100 Brown 5+.

Raumann,

26

32. REGISTRAR'S SIGNATURE
Lika Davidson-Randole

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ea hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR				ICATE				FILLIAL II	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) PAULA R		WEST						2. DATE OF		B	1996	12:20	Рм
ron	4. SOCIAL SECURITY NUMBER 221–42–1319	5. SEX	6. AGE (In yrs. last I	birthday) YRS.	IF UNDER 1 Y	EAR MAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 1 (Month, De March	w Moorl	54	Country)	Delaware	-
		99. FACILITY NAME (If not Inelitution, give street and number) University of Maryland Shock Trauma Center  99. COUNTY OF DEATH  99. COUNTY OF DEATH  Baltimore  Baltimore												
DIRECTOR	100. STATE 10b. COUNTY Delaware New Co				y, town on ldletown		ION					- 1	IOd. INSIDE CITY LIMITS?	NO
BE COMPLETED BY FUNERAL	106. STREET AND NUMBER  106. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT  18 East Green Street  19709  USA								IAT COUNTRY?					
	1 Never Married 2 V Married FORCES? 1 YES 2 NO if yee, specify Cuben, Mexicen, Puerto Rican, atc.)							Black,	- American India White, etc. White	en,				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Syrs.  160. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.)  Water Works							IDUSTRY						
	Paul R. Sipple  18. MOTHER'S NAME (First, Middle, Meiden Surneme) Doris Nielsen													
2	190. INFORMANT'S NAME (Type/Print) Gary D. West								etown, I			(ip Code)		
	20e. METHOO OF DISPOSITION  1		of Disposition (Name of other place)				DATE	Dover, Delaware						
		1. SIGNATURE OF FUNERAL SERVICE LICENSES  W. Cole Faries  22. NAME AND ADDRESS OF FACILITY Faries Funeral Directors, Inc. 29 South Main Street Smyrna, DE 19977												
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each lins.  IMMEDIATE CAUSE (Final disease or condition CARDIOGENIC SHOCK									Approxim Interval B Onset and	atween			
Z.	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):  PULMONARY HYPERTENSION FOLLOWING CROSS-CLAMP										1/2	HR	
CERTIFICATION	CAUSE (Disease or Injury	LUNG LA	OUE TO (OR AS A CONSEQUENCE OF):  UNG LACERATION REPAIR  DUE TO (OR AS A CONSEQUENCE OF):								11	HR		
CERTII	that initisted events resulting in death) LAST	CLOSED	LOSED THORACOTOMY TUBE									11	HR	
DICAL	ADULT RESPIRATORY DISTRESS SYNDROME									WERE AUTOPSY FI AMILABLE PRIOR COMPLETION DF ( OF DEATH?	TO			
M	PNEUMOCOCCAL PNEUMONIA											1 □ YES 2X□	NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XNO	HOSPITAL:	26. PLACE  ER/Outpatient 3		OTHER:		e 5 □ Be	sidence	6 □ Other (S	necify)				
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	280. DATE OF INJURY (Month, Day, Year) 28b. TIME DF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED							CCURED					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)							OCATION (Street and Number or Rural Route Number, by or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, date end piece, end due to the ceuse(e) end menner es stated.  MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(s) end manner ee stated.											tated.		
8	29c. LICENSE NUMBER D 27163  29d. DATE SIGNED  JAN 28													
10	NEAL REYNOLDS M.D. 22 S. GREENE ST. BALTIMORE, MD #21201										3			
10	31. DATE FILED (Month, Day, Year) FEB 5 '96		reis signature relia Davidso	n-p	indell									

